CARMICHAEL

PRIZE ESSAY

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"Spero Meliora"

The Medical Profession

BY

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TO

MY WIFE

INTRODUCTION.

In the following pages, the writer has endeavoured to set forth a critical summary of the conditions under which the practice of Medicine is carried on at the present time. No attempt has been made to present the historical side of the subject, or even to produce a complete description of modern medical life in all its shapes and forms. It has been thought better to pass in review and to criticise those aspects of the subject which seem to call most strongly for the influence of a reforming hand.

To the writer's mind, the practice of Medicine combines in itself all that is best in the other learned professions. At different times its followers may ease a sufferer's pain, may quiet his mental anxiety, or may direct his course into more profitable paths; and when the inevitable end draws near, may lessen the anguish of his final exit from this life. It follows that it may be taken as an axiom, that whatever makes for or against the well-being of the medical profession, is equally beneficial or detrimental to the welfare of the general public. As the statisticians talk of the "life-capital" of a community, so may we say that the "health-capital" of these isles depends entirely on, and will vary directly as, the efficiency of the medical profession. Further, it may be stated that the latter, though less easy to calculate, is of more intrinsic importance than the former. It follows, therefore, that in altering for the better the conditions of medical life, we shall be increasing the usefulness of the profession, and shall thus directly add to the "health-capital" of the nation. *Tempora mutantur, nos et mutamur in illis*, and altered conditions in the public mode of existence call for corresponding changes in professional life.

In the following pages much has been omitted and more has only been very briefly dealt with ; notably the Army and Navy services, which hardly come within the scope of the essay, seeing that most of the service takes place abroad. To the critical mind what follows may appear to be one long collection of grumbles and complaints ; but, in an essay of this kind, the faults and failings of existing methods must naturally stand out more prominently than the good points. In many respects the changes that have been brought about in medical life during the last thirty-five years have been excellent moves in the right direction : unfortunately there still seems room for many improvements. The more one sees of the unfavourable conditions under which many medical men have to live, the less one feels inclined to agree with Voltaire's Dr. Pangloss, who thought that " everything was for the best in this best of all possible worlds."

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PRELIMINARY EDUCATION.

BEFORE commencing the actual study of his profession, it is only right that the student should produce some evidence of having reached a certain standard of general education. The General Medical Council, a body brought into existence by the Medical Act of 1858, and of which it will be necessary to say more later on, has for many years past compiled a register of medical students; and it has been the custom for all the various examining bodies, until quite recently, to insist on all applicants for their degrees or diplomas having their names on this register. Quite recently, however, the Conjoint Board in England ceased to require such registration of its candidates; an unfortunate position brought about by the controversy between the two English Colleges and the Council, *re* the first year of professional study.

Recently, this question of preliminary education and examination has come very much to the fore. Some critics claim that the standard exacted is too low, and further that the standards of the different examinations vary greatly. The latter contention is undoubtedly true, and is only what one would expect, considering the different classes of examinations which are accepted.

The present controversy may be said to have two main issues,—first, the standard to be accepted; second, the subjects which shall be obligatory on each candidate. It is necessary to consider these separately.

THE STANDARD OF PRELIMINARY EDUCATION.

The lowest standard that shall be accepted is necessarily a subject of considerable importance, as on it, to some extent, depends the class of medical men of the future. First of all,

it may be taken as an axiom, that the higher the standard of the general education of a medical man, the higher will be his social standing and his power of influence. The higher reputation of a University degree in Medicine, as against that of a Licence, is undoubtedly due primarily, and apart from any difference in professional merit, to the higher general education demanded of the University candidate. Still the question of greater culture, although important, cannot determine the standard. The answer to the question is mainly one of age. It has long been an axiom in practically all professions, that a man should, theoretically at all events, be in a position to earn his living by the time he has reached his majority. Medical education has now been fixed at a minimum of five years' study. This means, therefore, that the lowest standard of general education that shall be accepted shall be that which can be reached by the average lad by the age of sixteen.

This further opens the question as to the earliest age at which the study of Medicine should be commenced. Is sixteen too young? Many critics reply in the affirmative, and those who are in the best position to judge state that the average age at which it is usually commenced is nearer eighteen. If this be so, is the boy of eighteen to start his professional training with the knowledge that is expected of the average lad of sixteen, and no more? Or, should the standard be raised to suit a lad of eighteen, allowing the exceptional boy to enter earlier? It has been stated by several writers in the medical papers, that some of the examinations that are accepted as evidence of sufficient general education, can be, and are passed by lads of fourteen and fifteen years old. When one considers that the General Medical Council accepts thirty-two examinations in the British Isles, and a further thirty-two Colonial and Foreign examinations, it is self-evident that the standards must vary enormously. The Council, in 1898, forwarded a circular to the various educational authorities, asking their opinion as to whether the Medical Preliminary should be raised from the lower to the higher grade standard. The replies received were at variance with one another, a fact which caused much discussion in the Council. It may be pointed out, however, that the various answers received were mainly due to a mistaken idea on the part of the Council, the latter assuming in their questions that the Senior Locals in England, the Higher Grade in Scotland, and the Senior Grade Intermediate in Ireland are examinations of the same order—a quite erroneous assumption. The circular not having resulted in much good,

the Council called in certain educational experts, with the result that the latter recommended the removal of a few examinations from the Council's list. It is important to note, that in their reply to the Council's circular, the Scottish Examination Board recommend raising the age to seventeen years.

Passing now to the number and nature of the *obligatory subjects*, more divergent opinions still have been expressed. From time immemorial it has been deemed essential for a medical student to have, at least, an elementary knowledge of the classical languages. In recent years this has been narrowed down to an obligatory knowledge of Latin; Greek being placed among those optional languages of which one at least must be taken. And now the necessity of retaining Latin as an obligatory subject is questioned in some quarters; but the possibility of its withdrawal has naturally brought opposition from all sides. It may be taken as practically certain that Greek will not again be made obligatory on all candidates, but the withdrawal of Latin from the obligatory list would undoubtedly be a step to be much regretted. Considering the enormous vocabulary peculiar to Medicine and its collateral sciences, and the great number of words which have been directly derived from Latin or from Greek through Latin, a knowledge of the former language seems a necessity for the right employment of such words. That the average student's knowledge of Latin is not deep, must be at once admitted, but still, slight though it be, it undoubtedly helps him to remember the difficult terms and names he has to use in his professional work. The profession as a whole has lapsed from its former habit of writing the whole of a prescription in Latin, even those examining bodies which require the student to write his prescriptions in full, now-a-days allow him to write the directions in English. The opponents of Latin claim that a reading acquaintance with German and French is of far greater practical value to the student, and the great value of these languages cannot be denied for one moment. There seems to be little doubt but that less time will be devoted to the teaching of Latin in the future, in the higher class secondary schools throughout the country. Still to entirely relegate it to the position of an extra subject, to be studied later if at all, would be a step to be regretted and one, it is hoped, which is very far distant. In leaving the subject of Latin, one may recall Lord Chesterfield's *bon mot* when asked if he believed that a gentleman should know that language: "Every gentleman," he is reported to have said, "should have *learnt* Latin."

Of the other subjects, there is no doubt that a reading knowledge of French and German is particularly useful. It seems to be characteristic of education in England that the study of modern European languages is either neglected or badly taught. English History, our own language, and Mathematics are obvious essentials. Euclid has recently been attacked in the educational world, but as a training in logical thought it has no equal if properly taught. The position of Elementary Science has also to be considered. That some should be included is necessary, even if it be only as a preparation of the ground for the seed to be sown in the first year of the professional curriculum. Reference will be made to this part of the subject again, when considering the first year's course. There can be no doubt, however, but that Elementary Science, *i.e.*, Chemistry, Electricity, Biology and Mechanics, will shortly hold a more prominent place in the scheme of general secondary education in this country, than it has heretofore,—and this is a "consummation devoutly to be wished." The colossal ignorance of the average so-called educated young man and woman of to-day in the smallest elements of scientific knowledge, can rank only as a blot on the present system of education. Many a boy leaves his public school with a very fair knowledge of classical history, but without the slightest idea why, if he jumps off a 'bus with his back to the horses, he will promptly measure his length in the road. Surely the parallelogram of forces is of more practical importance than the history of the Trojan wars.

Briefly, with regard to the lowest standard that shall be accepted as proof of sufficient general education, it is evident that it is necessary, first of all, to fix the earliest age at which the average lad shall commence his medical and scientific studies—be it sixteen, seventeen, or eighteen. Having fixed once and for all this age, the educational experts should be called in to fix a standard which shall represent the knowledge that is expected of a lad of that age, in the secondary educational schools of the country. This standard would, doubtless, have to be increased from time to time as secondary education advances.

Secondly, with regard to the subjects to be submitted by the candidate, the obligatory ones should be Latin, Mathematics including Euclid, English, History, Geography, French or German, and some Elementary Science.

It is too much to expect that every medical student shall start with the educational knowledge one looks for from a University graduate, but surely he should at least be required

to have that expected of the average middle-class lad of his own age. If the standard be raised higher still than this, the fear comes in that so many boys will be prevented from entering the profession that its numbers will be depleted. It is doubtful whether this would ever be the case ; the more likely result would be the raising of the average age of qualification, which would not be wholly harmful.

One more suggestion must be considered before leaving the subject of preliminary education, and that is, that the General Medical Council should itself hold a preliminary examination which all students would have to pass. But first, even if this came to be, the Council could only refuse to register those students who had not taken its examination. The Medical Act, unfortunately, gives no power to the Council to enforce registration, so a somewhat difficult situation would ensue. Further, the Council would have to delegate its powers to some one or more educational authorities, and so the desired end would not really be obtained.

The Board of Education in England is at present considering the advisability of instituting a "leaving school" examination, after the example of that which has conduced so much to the advance of education in Scotland. Perhaps, if the standard be suitable, it may be possible to make these official examinations essential preliminaries to the medical curriculum.

THE MEDICAL CURRICULUM.—I.

The training of medical practitioners is a subject of national importance, seeing that the health of the country depends to a great extent on the efficiency of their instruction. Within the last hundred years, schools of medicine have gradually sprung up in connection with many hospitals throughout the country. In early days, when Physiology hardly existed as a separate science, and Anatomy and Materia Medica formed, with Medicine and Surgery, the whole curriculum, most of the teaching was purely in the wards, and the close connection of school and hospital was an essential condition. But now-a-days, the student never enters—or should never enter—the wards of his hospital until he has put behind him the first two-and-a-half or three years of his training. So it is no longer essential that in the first years of his course, his studies should be pursued in a school connected with a hospital, as is customary to-day; on the contrary, such a course may even be disadvantageous. Science has advanced so rapidly in the last twenty-five years, that the equipment of laboratories, museums, and libraries, essential to the proper teaching of the various subjects, is a matter of very considerable expense. Further, in the earlier subjects of his course, it is essential that his teacher shall be a specialist and an investigator, that is to say, that he shall give the whole of his time to the teaching and investigation of his subject. He must also be a man of the highest scientific attainment, and ought, undoubtedly, to be given a salary commensurate with his worth. But in a school connected solely with a hospital, and with little or no endowment, it is next to impossible to provide sufficient funds for the due furnishing of thoroughly up-to-date laboratories, and, at the same time, to adequately remunerate the staff of skilled lecturers required. To the eternal credit of the latter be it recorded that this end *is* obtained by the staff working for absurdly small remuneration, and in many cases returning their salaries in order that the laboratories may advance with the times. But this necessitates the possession by a lecturer of a private income, or his willingness to practically starve in the pursuit of science. It is impossible to further increase the students' fees; the burden on the parent or guardian is already in excess of the return obtained by the student in after life for the amount expended on his education. Unfortunately, medical

schools are rarely the recipients of public munificence and financial aid. The alternative must be looked for in the university system of amalgamated colleges, controlled by a central authority, and financed through that authority, by the State. Surely medical education is as fit a subject for State aid as is that of the soldier, sailor, or the lower classes! The State, however, will never give financial aid to any body unless it has a considerable part in the government of that body. It seems likely, therefore, that the tendency in the future will be, as is now being attempted in London, to unite and amalgamate the various schools of medicine in the larger centres, and as this comes to pass, it is possible that it will be found more expedient to arrange a central general scientific school, which will embrace among other subjects, the earlier and more purely scientific ones of the medical course.

When the history of the last century comes to be written, among other striking advances no mean place will have to be given to the great progress in the knowledge and teaching of Medicine and its collateral sciences. A hundred years ago systematic instruction in medical subjects was practically non-existent; to-day one looks askance at the enormous amount of knowledge which the unfortunate student is expected to acquire in the short space of five years. It is not many years since the custom of requiring students to transcribe portions of the classical medical writers had full vogue: the custom had its good points and, if it were not for the already overcrowded curriculum, one might almost regret its loss. The most striking change within the last thirty years is, however, the great advance in practical teaching. We are still only in an intermediate stage; the fetish of lectures still retains its hold on the authorities, but everywhere and in every subject one finds the tendency to replace lectures by practical classes. Not that one would entirely abolish them, but it is too evident that the average lecture, often delivered late in the afternoon, is little more than a waste of time. The student, tired after a day's work in ward or class-room, rendered semi-somnolent by a stuffy lecture-room, unable it may be to hear distinctly, can seldom be said to gain very much thereby. In the practical class, however, each man working for himself appreciates far more the facts set before him, and what is more important still, remembers these facts far better. On the one hand there is a tendency to turn out theoretical practitioners, and on the other to produce observant and eminently practical men. This may be taken as the clue to the difficult apportionment of

medical training. A certain amount of theoretical knowledge is essential, but let it be acquired as far as possible in a practical manner. Let the student be early taught to see with his eyes, and to work with his hands, and to correlate his results by the aid of his own intelligence.

With such an enormous mass of information to be imparted to the student of to-day, before he can be considered a fit person to practise his profession, it is exceedingly difficult to know exactly what must be included, or rather what may safely be left out. In the olden days, and up to quite recent years, it was the custom for a lad to be apprenticed to some well-known practitioner for three, four, or even five years, before attending a hospital or school. There are many who regret that this custom has fallen into disuse, as they aver that a vast amount of practical knowledge was acquired in this way, which the young qualified man of to-day lacks. But when one considers the question, it must be admitted that the system of apprenticeship was rather like putting the cart before the horse, in that the knowledge acquired was mainly empirical. Medicine, perhaps, will never be a strictly exact science; still it is the aim of all teachers to make its training, as far as possible, rational. This could never be while the student was taught the treatment of the abnormal before he properly understood the normal. His first years of study, therefore, must be given up to the acquirement of the facts of normal existence, and it must be remembered that, as a rule, he will never add much in after years to this knowledge, no matter how interested he may be in the purely professional part of his work. Thus it is important that his early training in Anatomy and Physiology should be as thorough as possible.

Before the student can enter on the profitable study of Anatomy and Physiology, he must first be introduced to those elementary sciences which are the groundwork and basis of all scientific knowledge. Thus it is customary for him to devote his first year of study to acquiring a working knowledge of Chemistry, Physics, and Biology; Materia Medica being postponed. At the same time, at many schools he will also attend in the dissecting-room during his first winter session.

Before commencing his professional education, it devolves on the student to determine what qualifications he wishes to obtain. This is often a puzzling question to the novice lacking skilled advice, and probably learning for the first time that such different qualifications are in existence. Considering that he is confronted with the choice of fifteen universities

and five boards, all granting registrable degrees or diplomas, it is little wonder if he is perplexed, and in his ignorance sets out on a course which he may afterwards regret. Too often, he only discovers when well on in his curriculum the different values placed on the various degrees and diplomas both by his own profession and the outside public, and then it may be too late for him to alter his course, which would in most cases necessitate starting again from the very commencement.

Having decided on the course he means to follow, he will find no lack of opportunities for obtaining his earlier training, as the necessary knowledge can be acquired in some fifty-nine various institutions; excluding those places alone recognized by the English Conjoint Board, about which so much controversy has recently arisen. Should he elect for one of the older Universities, his first two or three years will be spent in obtaining his arts or science degree, and can hardly be strictly considered as part of his professional training.

At other Universities, *e.g.*, London and Edinburgh, he will devote his first year to the general elementary sciences, and will find himself fully occupied in reaching the desired standard within that time. But in the case of those students seeking the various licences, although the standard required is considerably lower than, say, that at London University, it is still customary for the major part of the first year to be devoted to their study.

A great controversy has recently arisen between the General Medical Council and the English Conjoint Board concerning the first year's work. The Conjoint Board, which, as stated previously, does not now require a student to be registered, has lately recognized certain institutions and schools as places where the first year's work may be studied. At some of these places the hours, given up to these subjects per week, is such a small proportion of those devoted to ordinary education, that the Council consider that the knowledge acquired must necessarily be inadequate. The first examination ought to act as a safe-guard, but, unfortunately, fails to do so, if one is to judge by the last report of the Council's visitors. The latter consider that the standard exacted is far too low, and that consequently the first year of study is, to all intents and purposes, practically wasted.

The great importance of a knowledge of the elements of Chemistry, Physics, and Biology to the student of Medicine, is self-evident, not only for the study of Physiology, but quite as much for the proper understanding of Medicine and

Pathology. How can one possibly expect any man to appreciate the facts of even elementary Chemical Physiology and Pathology, unless he starts with a fair working knowledge of both inorganic and organic Chemistry! Two questions thus arise: first, should the whole of the first year be devoted to these subjects; or, secondly, might they not be studied before commencing the five years' course? The standard, even of the Preliminary Scientific Examination of the London University, is not extraordinarily high, and the knowledge required, one would think, might well form a part of every boy's education. In what profession, business, or trade will not a man benefit, now-a-days, with some knowledge of these sciences? It has been urged, however, that boys under sixteen or seventeen cannot appreciate the study of a science. Is not this, if true, due in some measure to the manner in which science is at present taught in our schools? Even in those schools in which Chemistry has found a place, an hour or two a week is considered quite sufficient for its study by the responsible authorities, and this hour, by the boys, is thought rather to be a time for enjoyment and hilarity than a matter to be taken at all seriously. If science comes to occupy a more important position in general education, the question of the first year's work may possibly be solved by the student starting with a fair knowledge of these subjects, and thus giving the whole of his five years to the more purely professional studies, with, perhaps, the necessity of obtaining a more advanced knowledge of Chemistry. Such a scheme would involve the inclusion of these subjects in the preliminary examination, which would make the latter unweildy in scope. Still it remains a mute point, whether it would not be better to separate the general science subjects entirely from the medical course, requiring evidence of proficiency in them before the commencement of the five years' curriculum.

With regard to the teaching of Elementary Biology, Dr. Windle would do away with the separate classes in that subject, and would prefer to see the essential points included in the physiological course. With a year devoted to these subjects, only four are left for the professional studies, but practically, on the average, this becomes nearer five.

The teaching of Anatomy has always occupied a most prominent position in the medical curriculum, partly on account of its great importance, and also partly, perhaps, because of its dogmatic nature. Glancing back over the great names in Medicine, from Hunter downwards, one is struck with the number who have been teachers of Anatomy. Gross

human Anatomy, in contradiction to Physiology, must necessarily advance slowly, and its facts once learnt practically admit of little modification as the years go on. Even in this age of the multiplication of text-books, no better description of the bones can be found than that written by Gray, over fifty years ago. Anatomy, again, is essentially practical, and is, *par excellence*, the subject which cannot be learnt from text-books and lectures, but requires diligent and constant attendance in the dissecting-room.

For many years the procuring of the necessary material for the teaching of Anatomy was a matter of great difficulty and resulted, consequently, in many scandals. The Anatomy Act of 1832 partly removed the obstacles to obtaining bodies, but even now the responsible authorities have often difficulty in obtaining the number they require. Some new arrangement ought to be thought out, as the proper training of the student in this subject is a matter of considerable importance to the public at large. The most beautiful German models, or the finest dissections under glass can never take the place of the student's own work. As a general rule, however, it may be stated that Anatomy is both well and thoroughly taught in all the British schools, and though it be the most elusive of subjects, every student has excellent opportunities of acquiring a thoroughly practical knowledge of it in all its branches.

Physiology, which some fifty years ago was taken as a subject for the final examinations, is a far more rapidly advancing science than its colleague, Anatomy ; but it is only within the last thirty years or so that it has gradually advanced to an equal position. In many places it was, until quite recently, taught by gentlemen engaged in ordinary consulting practice, but practically everywhere has now been given into the hands of the specialist.

Physiology, further, is a subject that is always in advance of Medicine ; many of its facts have, so far, more theoretical than practical value to the ordinary practitioner. This has led some people to contend that it is unnecessary to include as much Physiology as is customary, in the ordinary curriculum. Against this it may well be urged that Medicine is daily taking more advantage of the various truths learnt in the physiological laboratory, and that a knowledge of these truths is necessary for a due appreciation of new methods of diagnosis and treatment. It is hopeless to endeavour to rightly understand the treatment of the abnormal, unless one first appreciates the physiology of the normal on which that treatment is, or should be, based.

Physiological knowledge, in its various aspects, is now so large that the most the average student can be expected to acquire is but the rudiments of the non-controversial portions. More advanced work must be left for the special student and the investigator. But of its various branches, one—Chemical Physiology—demands more attention than is commonly given to it, although it is eminently fitted as a subject for practical teaching. Certainly it is not so alluring to the student as some other portions of the science, and also its inherent difficulties must not be forgotten. But in after life, of all the branches of Physiology, it seems to be the most important, —with its close relationship to dietary and food, and to the various clinical tests that have daily to be carried out. Apart from the most common of these tests, the average practitioner's knowledge of Pathological Chemistry is vague and limited ; and this may be traced, doubtless, to the lack of a thorough groundwork of Physiological Chemistry on which to build the later work.

Histology is taught well, and necessarily so, as without a good grounding in it the student cannot proceed to his pathological studies with any hope of successful results.

The necessity for experimental demonstration, before the ordinary student, is a question of importance in the minds of a certain section of the outside public. Granted that Physiology is a subject of which the student should have a knowledge, the best way by which he can be taught to remember its various facts is surely the right way. It is accepted everywhere that the eye is by far a better teacher than the ear, and that demonstration should, wherever possible, replace the spoken word.

Materia Medica may be called the bugbear of the examination-haunted student, and the term in recent years has come to be synonymous with the identification of certain roots and drugs, combined with a rapid " cramming-up," the last few days before his examination, of as many doses and preparations as his poor brain can be made to remember. Pharmacy is yearly becoming more complex, and more separated from Medicine than it was wont to be ; and the question must be faced as to exactly how much,—or to be more accurate, how little,—it is essential for the average general practitioner to know about the physical characters and modes of preparing the drugs he uses. Would it not be better to replace the " spotting " of the various roots and drugs by a more accurate knowledge of the art of dispensing—*i.e.* incompatibilities—and of practical pharmacology ? The University of Cambridge has recently answered this question by including

Pharmacology as a special subject in the third examination.

All the subjects previously considered are mainly preparatory to those that now require attention. The total time allotted to their study varies between two and three years. It is desirable, therefore, that the student should qualify himself as early as possible in these preliminary studies, so that he may have all the more time to devote to the subjects, which will form his life-work. The original intention, in adding a year to the curriculum, was to allow a longer time for the study of these later subjects ; unfortunately the effect has mainly been the devotion of the first year entirely to the preliminary sciences.

THE MEDICAL CURRICULUM.—II.

The student having spent some two-and-a-half to three years or so, in acquiring a knowledge of the sciences of Anatomy, Physiology, and Materia Medica, at last reaches his purely professional work, and proceeds to learn how best to apply the knowledge he has gained of the normal to the diagnosis and treatment of the abnormal. Whatever the qualification he seeks, be it degree or licence, the rest of his curriculum is practically the same. In his earlier studies, it has been possible to commence at the very beginning of a subject, and follow it steadily to the end ; but this arrangement is impossible now, and so it comes to pass that in his later work as much or more depends on his own exertions as on those of his teacher. Thus, an observant man will acquire a better understanding of Medicine under an indifferent teacher, than a less observant one will under the finest teaching procurable.

It is necessary for the study of Medicine and Surgery, that the student have access to an abundance of clinical material. In the earlier days, this, with the chance words let fall by the visiting staff, constituted " walking the hospitals," giving place gradually to systematic courses of lectures. Clinical material being thus the first necessity of the student, it may be as well to examine and see how he is situated at the present time. This can be roughly done by ascertaining the number of hospital beds that are available for clinical instruction.

This is shown on following page :—

TABLE showing the number of Beds available for Clinical Instruction.

	Number of Beds *	Average Number of Students †	Average No. of beds to each Student‡
London	**4,708**	**2,228**	**4·21**
Provinces	**2,911**	**1,650**	**3·5** §
Birmingham	400	—	—
Bristol	614	60	20·4
Leeds	440	120	7·3
Manchester	290	255	2·3
Sheffield	407	20	—
Durham	280	130	4·3
Cardiff	180	45	8·1
Liverpool	300	110	5·8
Scotland	**2,503**	**2,190**	**2·3**
Aberdeen	275	320	1·7
Edinburgh	900	1,200	1·5
Glasgow	1,028	600	3·4
Dundee	300	70	8·5
Ireland	**2,304**	**1,200**	**3·8**
Dublin	1,744	650	5·3
Belfast	300	300	2·
Cork	200	200	2·
Galway	60	60	2·4

A consideration of the foregoing table makes it appear that the London student is better off than the provincial one, but the figures for the latter include all those who subsequently take their hospital work in London. The latter fact makes the comparative figures of less value, and they are merely given for what they are worth.

Taking London for an example, with its 2,000 odd students, and nearly 5,000 beds available for their teaching, on the average each student has over four beds for his individual

NOTE.—*Excluding Fever Hospitals, Asylums, and Hospitals usually frequented by post-graduate students only.

† Approximate entries for five years,—those dropped out will probably balance others of previous years still unqualified. It is also above the truth on account of University students being counted twice over, once at the University, and later on entry at a hospital. Figures obtained from "Medical Students' Register."

‡ Calculated from those students actually studying Medicine or Surgery, etc. This proportion is roughly taken as being half the total number.

§ Includes University students and is therefore fallacious.

instruction. There are additions to be made to these figures, however,—the 5,000 beds in the hospitals of the Metropolitan Asylums Board and those in the various Lunatic asylums, open to the student. The former are certainly available to the student in a way, but the way is not very satisfactory. It consists of thirty or forty students being hurriedly conducted round, two or three times a week for an hour ; it is not surprising, therefore, that the knowledge really gained is small.

The class of cases to be found in the general hospitals, does not, unfortunately, comprise many which afterwards form such a large percentage in ordinary practice,—that is to say, common and relatively trivial affections. These are certainly to be found in the receiving room or casualty department, but, particularly on the medical side, the recently qualified man finds that he has still to learn how best to deal with these everyday matters.

Another class of case of great importance to the practitioner, and which is necessarily absent from the general hospital, is the patient with chronic nervous disease or advanced chest complaint, particularly bronchitis and phthisis. The workhouse infirmaries abound with these cases, in all stages, and it is greatly to be regretted that they are not available for clinical instruction. The loss, both to the student and also to Medicine, as a science, of the 14,000 beds in the union infirmaries of London alone must be very great. No matter how great the merits of those gentlemen whose duty it is to care for these patients, it is impossible that they should be able to carry out, single-handed and unaided, the clinical investigations which are necessary for the advance of medical knowledge. The loss of clinical material, present in the union infirmaries throughout the country, is to be deplored from the point of view of the investigator.

A question of considerable importance may be enunciated thus : In what relationship does the medical student of to-day stand in regard to the hospital, patients, and staff ? Primarily the student wishes to study the various aspects of disease, in short, to learn the practice of his profession ; and there his usefulness stops in the eyes of the lay public. Is he, therefore, merely a nuisance to be tolerated, an imposition on the poor, in order that the wealthier classes may later reap the benefit of his knowledge ? Far from it.—the student to-day amply justifies his presence in the wards by his own work. First, by acting as dresser, casualty assistant and clinical clerk, he saves the hospital the expense of extra nurses and paid help, and at the same time assists in the

recording of the various cases. In a large general hospital, if the students were suddenly withdrawn, it is doubtful if the work could be carried on as before, without the aid of at least an equivalent number of extra nurses. His influence on the staff is also considerable. He is able, more particularly towards the end of his course, to relieve the resident officer of that necessary clinical work that forms such a large share in the investigation of cases to-day. Thus, indirectly, he helps the visiting staff to effect a more accurate elucidation of their cases. Further, the very fact that he is there, waiting to be taught, often sceptical, always keen on catching his chief "napping," results in the latter being more alert and up-to-date. The more careful elucidation of difficult cases, made possible by the considerable clinical assistance he can give, helps in the advancement of medical knowledge and thus, indirectly, is an aid rather than an obstacle to the patient's welfare. The presence of the student, therefore, is to be considered not as a necessary evil, but rather as a thing to be desired.

It is not many years since it was the custom for a student to pass straight from his Anatomy and Physiology, without any previous instruction, to hold the position of dresser or clerk, relying mainly on his "house-man" to teach him the rudiments of his work. This practically meant a great loss of time, as it was two or three months before he sufficiently understood even the simpler methods of diagnosis to appreciate his work. Now, at most hospitals, he is required to attend a preliminary course of clinical Medicine or Surgery, as the case may be, so that he makes his first entry into the wards, armed, at all events, with some knowledge of the methods of diagnosis.

Some discussion has taken place as to whether the student should first "take out" a dressership, or should act as clerk in the medical wards. At Edinburgh, it is still the custom for the student to act as surgical dresser, while he is engrossed in his anatomical and physiological studies. Apart from the danger to the patients consequent on his going direct from the dissecting-room to the wards or operating theatre, which is said to be almost *nil* if formalin be used as a preservative, for reasons already cited such a course has little or nothing to recommend it. Surgery is a more concrete subject than Medicine, and often appeals more strongly to the junior student. For the first month or two after the student enters the wards he is bound to be a little strange and awkward. Placed for the first time in his life among sick people, it will naturally be some little time before he becomes used

to his new surroundings. On the surgical "side" he is, perhaps, more directly under the eye of his house-surgeon, than he is when acting as clerk ; he is given something definite to do, is shown how to do it, and it is seen that he does it. Thus he is kept fully employed and watched over, and there is less likelihood of his becoming a careless worker ; while if he commences as a clerk, slackness may only call forth the satire and good-humoured banter of his chief. Looking things all round, it is probably best, therefore, that the student should commence his hospital work by acting as surgical dresser for, say, three months. This may well be followed by six months as a clerk, the second three months of surgical work following the latter. Opinions differ much as to the best course to follow, and in many cases it is settled mechanically by the number of vacancies in the clerk and dresser list.

At what period in his course should the student attend the out-patient' department ? In many places he acts as surgical dresser in the department, while still in the school, rather because the work must be done by some one than with the view of learning much. It is generally recognised, however, that the out-patients' department should be the haunt of the senior men, rather than of those just commencing their hospital work. The teacher has little time to attend to the earlier instruction in methods of diagnosis and such like work, and cases must be seen so rapidly, that it is essential that the student should have some idea of the earlier portions of his subjects. The method of "out-side" visiting, existing in one or two places, has much to be said for it from the point of view of the student, as he thus has opportunities of seeing cases in their own home surroundings, and has a certain amount of responsibility thrown on him.

This question of responsibility is important : it is highly desirable that the student, prior to qualifying, should gradually be able to take upon himself more and more responsibility. At present it is difficult, outside maternity work, to see exactly how this end can be obtained without detracting in any way from the welfare of the patients. Of course, much must depend on the man, and even now-a-days a capable student is often allowed, by a judicious resident officer, to do many little operations under the latter's supervision. After a student has completed his ordinary ward work, and has proved, if necessary, his efficiency by means of class examinations and such like tests, it should be possible for him to have a small number of patients under his immediate charge, and, supervised by his "chief" and the resident officer, to be

responsible for their proper dieting and treatment. Thus, if each day he were required to put in writing the diet and treatment he recommends for each of his patients, then the resident officer in his daily round could criticise and make any necessary corrections. Every student cannot hope to hold a resident appointment, but by this means he would come to have a very fair knowledge of ordinary therapeutics, while at the same time the interests of the patients would be safeguarded. A scheme after these lines has been already adopted at one or two hospitals, but might well be more general.

The teaching of Medicine and Surgery naturally falls along three lines, diagnosis, pathology, and treatment,—and of these the former two are, perhaps, always the best taught. How often has one listened to a full and accurate demonstration of some obscure case, lasting, it may be, over half an hour, and dealing solely with the diagnosis and pathology, the treatment being summed up in a few brief words! So also in the majority of medical text-books, too often the treatment is limited to the information that it should be of an "expectant nature and conducted on general principles." This may be all that is necessary from the point of view of the investigator, but is hardly satisfactory for the student whose future lies in general practice. Similarly, at his examinations, the student finds far more stress laid on pathology than on treatment, and so, naturally, himself neglects the latter. One famous examiner used to defend the position by arguing that the average man must necessarily learn his therapeutics, or find his livelihood threatened, but that, unless compelled by a rigid examination standard, he will not pay much attention to pathology. Although the correct diagnosis of a case is of primary importance, and although a sound knowledge of pathology is essential, not only as a basis for rational treatment but also that the student may be able to follow and appreciate later advances, still the ultimate aim of all medical knowledge is the treatment of disease. Over ninety per cent. of medical students must look forward to a life in general practice, and it is only right that all their teaching should be so planned as to fit them most fully for that life. Medical training should be arranged essentially to suit the student of average intelligence and means; the student with an abundance, either of brain or substance, can safely be left to look out for himself.

In recent years there has been a great tendency towards early specialization, the student in many instances being tempted to choose his speciality before he has even qualified. There can be no real defence for such a line of action; even

admitting the enormous scope of the various branches of medical knowledge, no one can doubt that the specialist, of all people, should first have a thorough general knowledge of his profession, and that not till then should he pay more attention to one branch than to any other. As some one has described it, he should be "Jack of all trades and master of *one*."

On the whole, the teaching of general Medicine and Surgery in the various schools cannot be much improved upon. Midwifery and diseases of women are more difficult subjects, as far as their teaching goes. It is impossible that any one student can himself attend many of the abnormal cases that, later on, he may be called upon to treat. Even in a maternity hospital, the impossibility of teaching every man, practically, such an operation as "turning" is at once recognisable. It has been suggested to raise the number of labours which each student must attend from twenty to, say, fifty; but considering that ninety-four per cent. of cases are normal, this would not materially aid. So in Gynæcology, the conditions under which the patient must naturally be treated, reduces the number of students who can personally examine each case to one or two, so that a student's opportunities of gaining practical knowledge in these subjects must necessarily be far more limited than in the general departments. This is unfortunate, as later so much of his work will consist of this particular class of case.

Of the other special departments, the skin and eye demand most attention from the student; a general knowledge of both being extremely useful to him later on.

Dr. Farquharson has recently attacked the teaching of Bacteriology to the average student.[1] It is difficult to exactly follow his reasoning, unless it be with the object of lessening the burden of the already over-crowded curriculum. But an elementary course, and it can only be elementary, should prove useful to every man, even if he never has to make practical use of his knowledge. The facts of Bacteriology form a large part of every day practice, and in accordance with the general ideas of practical instruction, these facts should be taught by means of practical classes. No man can neglect the important subject of bacterial infection, and it is surely best that he should have actually made the acquaintance of the organisms that, in after life, he will wage daily warfare with. Dr. Farquharson seemingly leans to the side of empirical as opposed to rational teaching.

[1] *British Medical Journal*, September 12, 1903.

So with Pathology; it is not expected that the general practitioner will have time or opportunity, later, to personally investigate the morbid anatomy of his various cases, but it is absolutely essential that he should have acquired a sound knowledge of the subject.

If one were to suggest that less surgery be taught the average man, there would be much to say in favour of the proposition. The young qualified man of to-day has usually a very sound knowledge of the surgical part of his work,—a knowledge which he finds later on he has very little use for. General practice may be summed up as consisting of a great deal of medicine, a fair amount of obstetrics and gynæcology, and very little surgery; and yet, as a rule, the recently qualified man knows his work in the reverse order. Surgery, now-a-days, is mainly operative, and the greater proportion of that coming in the way of the general practitioner must rightly be left to the specialist, who has, not necessarily greater knowledge, but greater opportunities of applying that knowledge. It is evident that the man who has, perhaps, three or four cases a year requiring abdominal operations, would not be acting rightly in attempting them himself, when he can obtain the assistance of someone to whom such an operation is a matter of almost daily occurrence. Might it not be possible to lower the standard of surgical knowledge required for the ordinary qualifying diploma?

The special study of children's diseases, afterwards so important in general practice, might beneficially receive more attention than at present, even to the addition of a three months' special clerkship.

From first to last, the medical student is well looked after. Tutorial classes and test examinations beset him on every side. Now-a-days there can be no excuse for skulking in the smoking-room; he has no longer to seek knowledge by his own exertions. At every turn of his path he finds some one waiting and ready to administer gentle doses of information, all nicely tabulated and arranged, so that he can assimilate it with the least exertion, and pass his examinations without too greatly taxing his energies. Is there not too much of this "spoon-feeding"? How different from the famous anatomist, whose custom it was to set a student down before a "part" with Ellis's *Dissections* for his guide, and offer to assist him if, at the end of a month, he found there was anything he could not understand. What a lesson this must have been in self-reliance; and self-reliance is almost as important in medical work as knowledge. It might be well for the present teachers to consider whether the latter quality is as

well developed in the student of to-day, as in those of a generation ago. "Spoon-feeding"—the term is too expressive to replace by politer words—is excellent for obtaining good examination results, but is it quite so productive of good practitioners ?

II.

EXAMINATIONS.

EXAMINATIONS are generally considered the bugbear of modern youthful life ; from the earliest age till the termination of their educational courses, the average middle class boy and girl, whatever be their ultimate aims in life, find their paths beset with difficulties in the shape and form of various examinations. What with school, "leaving," and preliminary professional examinations, the boy of to-day should be fairly well immured to the turmoil and stress of the examination room, before he has even commenced his purely professional training.

On every side we see the multiplication of examinations, until even the educational authorities are calling "enough," and are looking round, so far in vain, in a search for some alternative which, while possessing the good points of the examination system, shall lack its weak ones. The pros and cons of the prevailing system may be summed up shortly. In its favour it may be urged that, so far, no alternative scheme has been devised by which the knowledge and capacity of a student can be tested with an equal prospect of arriving at the truth, without fear of favouritism or deception. To grant a certificate or a degree after a certain course of work, which shall have been carried out by the student to the satisfaction of his teacher, may sound plausible enough in theory. In practice, however, many difficulties are apparent. First, the fear of favouritism creeps in. Every teacher has his favourites among his pupils, and no matter how just and careful he may be, it would be only natural for him to view their labours in a brighter light than those of their less favoured companions. In the great army of teachers there are bound to be a few men, whose moral perceptions are not quite as sensitive as those of their colleagues, and such a scheme puts both temptation and power in their way. Would there not also be a tendency to develop the spirit of "toadyism," among a certain class of student ? Every man is more or less susceptible to flattery, and there is no evidence that teachers and lecturers, as a class, are more immune than others to its baneful influence. Might we not find, therefore, a certain type of man taking a higher place than his better informed but more self-respecting fellow-student ? The difficulty of rightly judging a man's knowledge by his attendance at

lectures and his work in the laboratories is great; the most diligent man does not always acquire the most knowledge, but a certificate should imply the possession of knowledge, and not merely attendances at lectures. It is certainly quite true that but few men show to the best advantage in an examination room, and that, as a rule, a candidate really knows more than he appears to do. A great deal necessarily depends, not only on the candidate but also on the examiner. Sometimes, it seems as if the main object of the latter were to puzzle and confuse the unfortunate candidate, and to finally land him in a condition of helpless nervousness, in which he flounders and is "ploughed." There have been, and doubtless are, examiners whose names have become notorious for the manner in which they bully and heckle the candidates, who are so unfortunate as to be questioned by them. On the other hand, many examiners have the happy knack of putting the candidate at his ease, and really seek to find out how *much* rather than how *little* he knows. This varying personality of examiners must be borne in mind in considering the practical value of *viva-voce* interrogation, In fact the results, to ensure a just and even standard, may require altering in accordance with the personal factor of the examiner, in some such manner as the sentences of certain of His Majesty's judges are stated to be revised by the Home Secretary.

It is often urged that it is impossible to adequately examine a man by means of one or two papers, a practical and a *viva-voce*, on any lengthy course of work; and that, therefore, many men may be "passed" who should really be "ploughed," and *vice-versa*. But given an observant examiner, a sufficient number of written questions, and a thorough practical examination, it ought always to be possible to make a very fair judge of a man's knowledge.

The value of practical examinations has been attacked on the score of the nervousness of the average candidate, but most examiners of to-day pay far more attention to "methods of work" than to the actual results obtained at the time. It may be safely taken for granted, that no man can satisfy any good examiner in practical work, unless he thoroughly understands the principles of his subject: his actual results may be far from right, owing to his nervousness and the strain and stress of the examination room, but the way in which he sets to work to solve the problems put before him will quickly let the examiner know whether he rightly understands his work or not.

The most serious defect of the examination system is to

be found in the effect produced on the student's method of study. The continual working with the prospect of an examination in the future, although it undoubtedly stimulates the less diligent student, engenders a narrowing of their mental horizons, apart altogether from the tendency to "cram." Every item of information, every piece of practical work, is considered more from the point of view of its value in the examination room, than of its use in after life. This is perhaps more the case with the brilliant and successful candidate than with his duller companions; accounting for the well known fact that so many senior wranglers and gold medallists are never heard of in after days. One would think that this could be prevented, if the examiner would frame his questions more with a view to the practical knowledge required later on, than to his own researches into abstruse and theoretical points. The minds of certain examiners seem to lack a due appreciation of the relative importance of various subjects, magnifying unnecessary details and minimising facts of an essential nature.

Some examiners seem to take a great delight in framing puzzling questions, the exact meaning of which is often doubtful, and some of which would bear as many readings as a section of an average Act of Parliament. Mr. Hutchinson once went so far as to suggest that a certain number of questions should be published, and that only selections from that list should be set.

At present, until some better can be found, and in spite of its imperfections, the examination system must remain; but at all events, attempts may be made to rectify the various faults that have been indicated. To counterbalance, as far as possible, the tendency of the student to study with the sole aim of passing his examinations, it should be the object of the examiners to so frame their questions that the candidate, who has a thorough practical understanding of his work, shall gain a better place than the one who has spent his time in committing long lists to memory and in seeking out complicated and unimportant theoretical details. To prevent a certain amount of "cramming" is indeed difficult, but the surest means seems to lie in the right combination of definite courses of work, and examinations based on these courses. The examination will prove that the student has understood and appreciated the course of lectures and practical work he has undergone, while the fact that he must attend a certain number of lectures and put in definite work in the laboratories and class rooms, conducting himself with sufficient industry to satisfy his teacher, will in some way mitigate against the

danger of "cramming." On the one hand, there is a scheme of definite instruction without examination, and on the other, examination without any prescribed previous tuition. A middle course is best; it will tend to correct the faults of either system.

The average student, not long from school, and finding, for the first time in his life, that he has not to account to anyone for his deeds or misdeeds, needs the strong incentive of an examination to make him do any but the most cursory work, during his first year. The prospect of an examination, and the fear of failing and being left behind by his class-mates, will encourage him to apply himself more diligently to the acquirement of a knowledge of the subjects of his first year's course, the bearing of which on his future work he often fails to grasp.

The value of *viva-voce* interrogation, as already stated, depends much upon the "personal factor" of the examiner. As an alternative to a written paper it cannot be considered satisfactory. It is rather as a corrective of the candidate's paper that it is of value, giving the examiners an excellent chance of amplifying and correcting their opinion of the knowledge displayed. It is possible for a good examiner to cover a wide field of subjects in a *viva-voce* of only fifteen to twenty minutes' duration, and by touching on the weak points in the candidate's paper to obtain a very good idea of how much, or how little, the latter really understands and knows.

Practical and clinical examinations are an excellent test of a candidate's knowledge, provided that due regard be paid to, what we may call, the "examination state of mind," and that "methods" be considered of more importance than results.

Turning now to medical examinations pure and simple. As already stated, the student has the choice of fifteen Universities and of five examination bodies, each of which provide a full course of examinations, terminating in the granting of a degree or diploma, entitling the holder to a position on the medical register. In early days the authorities were satisfied with a single terminal *viva-voce* interrogation, and from this small beginning matters have gradually grown and increased, until the elaborate system of the present day has been evolved, with its three, four, or even five examinations, each made up of written, *viva-voce*, and practical or clinical parts.

First of all, the question arises as to the relative frequency during the student's course of study, at which it is

expedient to submit his progress to the test of the examination room. The authorities seem to be divided on the point; some favour long intervals; others, on the contrary, are on the side of less comprehensive examinations held more frequently. Two factors must be borne in mind in forming an opinion on this question. First, to the average student—and it is for the average student that all schemes of study should be arranged,—the prospect of a near examination is a very strong stimulus to his inclination for work, and the more frequently his knowledge is tested, the greater will that knowledge be. On the other hand, frequent examinations involving the testing of the student's knowledge in one or two subjects only at a time, must have a tendency to isolate the various portions of his curriculum, and thus detract from the student's chances of obtaining a due appreciation of the relationship of one portion of his work with another, as well as favouring the undesirable habit of "cramming." In the writer's opinion the present tendency to multiply the number while limiting the scope of the examinations, thus allowing the student to present himself in a single subject at a time, and having passed to put it behind him as done with, and not to be troubled about or thought of again, is hardly conducive to the proper training of practical men. This raises a further point:—supposing a candidate "pass" in one portion only of an exaimnation, should he be credited with the subjects he has shown a satisfactory knowledge of, or should he be required to sit for the whole examination again? The custom varies at different places; in some all the subjects must be taken at one time; in others certain groups are permitted,—this really amounting to a division of a major into minor examinations,—while in others still, each subject may be taken separately. If the knowledge, which the candidate possesses at the time he sits for an examination, were likely to remain with him for the rest of his life, it would suffice for him to "pass" in a single subject, or even in parts of a subject. Unfortunately, the average candidate's knowledge seems to be peculiarly evanescent; perhaps, because he has crammed his subject, or perchance, because his examiners have laid more stress on theoretical details than on practical knowledge. Dr. Johnson is reported to have said that "Knowledge is of two kinds: one, which one knows where to find, the other which one possesses." It is the latter which should form the subject of examination; unfortunately, too much attention is often paid to the former. To return to the point: under present conditions, if a candidate be allowed to present himself in one subject at a time, the danger arises that he will

" cram " up this subject, and having passed, will straightway proceed to forget the little he really knew about it.

The subjects of the medical curriculum fall into certain well-defined groups. Thus the early sciences may be grouped together ; Anatomy and Physiology are closely linked ; while Medicine, Surgery, Midwifery, and Pathology form a larger class, the constituents of which are really groups of subjects themselves. In the writer's opinion the earlier sciences should form one examination, Anatomy and Physiology another, while the later subjects are of such wide scope that each may well be taken separately, if necessary. In some places Midwifery and Pathology constitute a separate and previous examination to the final one in Medicine and Surgery ; this arrangement certainly has many points in its favour. Midwifery is a peculiarly isolated subject ; in many respects it is complete in itself, unlike Medicine and Surgery, in which cross references must often be made. Such a scheme is in use at many examination centres. At the end of the first year or sooner, the student presents himself for examination in the " early sciences " ; at the end of his second winter, or preferably two years after the first examination, he is tested in Anatomy and Physiology, at the end of the fourth year in Pathology and Midwifery, and when the five years are complete he comes up for his final tests in Medicine and Surgery.

A further point, in connection with examinations, requires some consideration :—the choice of examiners ; should they be chosen among the candidates' teachers, or ought they to be selected from further afield ? First of all, everyone will agree with the necessity of each being a specialist in the subject he examines in ; not forgetting, however, that the specialist is naturally apt to magnify somewhat the importance of his own line of work, and thus add considerably to the difficulties of the candidate. If the candidate's knowledge be tested by his own teacher, the latter's favourite subjects and theories, with which the candidate will be not only familiar but impressed, will occupy an unduly prominent position in the examination. To take a concrete example,—always to be preferred to an abstract statement ; a physiologist whose subject *par excellence* is the nervous system, will be apt to lay stress on this portion of Physiology, and will naturally be gratified and pleased by answers embodying his own particular theories and fancies. All this will necessarily detract from the true value of the examination as a test of knowledge. It must be granted that in the case of a general educational course, where the value of the various subjects is, perhaps, to be found more in the mental and intellectual

training which their study involves than in their intrinsic worth, the combination of teacher and examiner in the one man has many points in its favour. In the case of the medical tests, however, the true aim of an examination is to gauge the state of the student's knowledge, so that only those who have reached a certain standard shall be granted permission to practice their profession. In short, in the former case the examination is merely the final stage of the student's education : in the latter, it is in addition the only method we possess of protecting the public at large from incompetent and insufficiently trained practitioners. Keeping this in mind, and remembering that everything possible should be done to counterbalance the personal element in examinations, it seems to the writer that the way of achieving such an end, is for the examiners to be absolute strangers to the candidates. As a matter of fact, this is the case in the majority of instances at the present time.

As to the methods of marking, various customs exist ; the most feasible plan seems to be for one examiner to question and the other to mark. Should the former's questions appear unduly difficult to the latter, he will mark easier, and *vice-versa*. Into the more minute details of marking it is unnecessary to go.

Of the great value of clinical and practical examinations in the various subjects of the medical course, it is hardly necessary to say much in the light of present opinion. Practical or clinical work in either Gynæcology or Obstetrics is of course impossible, and a shift has to be made with dried pelves, recent specimens, and models. With regard to clinical examinations in Medicine and Surgery, the value of requiring the candidate to write out his conclusions seems to be lost sight of, although no better means could be desired for testing his training in diagnosis and bed-side work. Such a system naturally requires the expenditure of more time at both the hands of the examiner and candidate. Perhaps this is the reason why *viva-voce* interrogation is, as a rule, substitued for it.

So far only what are commonly known as "pass" examinations have been considered, a successful issue from which implies that the candidate possesses a sufficiency of knowledge to practice his profession in an adequate and competent manner. There still remain the higher or "honours" examinations, requiring a proportionately greater knowledge on the part of the student, and setting the successful candidate on a higher plane than his fellows. When all is said and done, these "honours" examinations have more

academic than practical value, although a small section of the public is apparently waking up to the fact that there is more than one medical qualification in existence. These examinations in some respect require special knowledge of a particular subject or group of subjects, and the possession of an "honours" degree or diploma has become a *sine qua non* for a candidate for the staff of any large hospital, and in a less degree for the would-be consultant or specialist. Every year sees a greater value placed on qualifications, and therefore, it is to the future interest of the younger members of the profession to obtain the highest degrees or diplomas within their reach.

Before leaving the subject of medical examinations, as carried out by the various Universities and boards at the present day, it may be as well to briefly recapitulate those points which the writer wishes to urge, in order that the best results may be obtained. Briefly, they are these :—a combination of examination with definite courses of instruction ; external examiners ; particular stress to be always laid on useful rather than academical knowledge ; and, finally, as many practical tests as possible.

Confronted as one is with these fifteen university degrees and five licensing boards, all of a qualifying nature (excluding the "honours" examinations), which are bewildering alike to the public and the student, the question arises as to the advisability and possibility of combining all these in one qualifying and obligatory State examination. The scheme is at work in Germany, where the *Staats Examen* must be passed by everyone desirous of becoming a legal medical practitioner, no matter what university degree he may hold. Such a scheme,—a State examination in Medicine, which every candidate for the medical register must pass—presents certain difficulties in this country, not so much in the working but rather in the preliminary formation. It must not be forgotten that the various Universities and colleges, the latter more especially, depend to a large extent on their examination fees for their solvency ; and much opposition would doubtless arise on their part. All the present qualifications would at once pass into the "honours" class, and consequently only those possessing the highest reputations would continue to be sought after by the keener students ; the less industrious of the latter would rest content with the fact that they had passed the State examination. In fact, the provision of a State examination would sound the death-knell of the majority of the existing qualifications. On the other hand, "mushroom" colleges might spring up, furnishing their

members with high-sounding titles and degrees of no real value, except to deceive the public ; as these would have no legal standing, little or nothing could be done to prevent their growth,—witness, for example, certain degrees which from time to time are heard of as emanating from the United States. In favour of a State examination, it may be urged that it would ensure the possession by every qualified man of a certain minimum of knowledge ; but this can be obtained under the present system, provided the Medical Council adequately investigates the various examinations, and also provided that the latter body has the power to enforce its requirements. Looking at the matter from all points of view, it seems very doubtful whether the existence of an obligatory State qualification would improve matters very much, either for the profession or for the better protection of the public. The question, however, is being brought prominently to the fore at the present time, and so demands careful consideration.

One last point deserves notice before leaving the subject of examinations. It has been suggested by some people, possessed of the reforming type of mind, that there should be certain examinations, which all men desirous of specialising would have to pass in their particular subject. The scheme already exists to some extent, in that candidates for various appointments are required to possess certain degrees or diplomas. Thus, the hospital physician or surgeon must usually be a graduate in Medicine of a University, or a Fellow of one of the Colleges of Surgeons, respectively ; similarly, certain public health appointments can only be held by men who possess a diploma in Public Health. But apart from these requirements, in every case preliminary to certain appointments of a public nature, it would be impossible to limit specialisation entirely to the holders of certain degrees, although to some extent the above regulations produce such a result. Yet, specialisation depends to a greater extent on opportunity than on special knowledge, and given the former the lack of the latter will rarely limit a man's practice. It is by no means uncommon to find that a man's specialty is not his favourite subject : opportunity and necessity determine the choice as often as preference. Perhaps more than any of his professional brethren, the specialist prospers according to the result of his treatment, and examinations will in no wise help or hinder the latter. Provided one could teach the public to appreciate the meaning of the various medical examinations, which at the present time they entirely fail to do, the value of degrees would be real and practical. As

it is, apart from a few appointments, the man with the lowest qualification is absolutely on a par in the eyes of the laity with the one who possesses the very highest. One is sometimes inclined to think that the former is really better off. It may be that although he knows less about Medicine, he has a keener insight into human nature, but often it is his lesser knowledge that helps him most. Dogma is said to depend on one of two things : either absolute knowledge or ignorance. There is no absolute knowledge in Medicine, so that very often the dogmatic man is really the ignorant man, but it is the dogmatic doctor that the public prefer as their medical attendant. Seeing this, the importance of a fixed minimum standard becomes more evident, but the value in after life of the higher degrees is so doubtful, that one is tempted to think it mere waste of time to acquire them. Scientific attainment and success in practice often seem to be diametrically opposed. The conclusion one is brought to, therefore, seems to be that the sole important point in respect to examinations in Medicine is an efficient minimum standard ; the "honours" examinations may be left to take care of themselves. With scientific progress and fuller knowledge, however, a fixed minimum standard is impossible ; it must be continually changing, and always in an upward direction.

POST-GRADUATE STUDY.

The science of Medicine moves forward so rapidly, that it is difficult for the man in practice to keep his knowledge abreast with the times. In its various branches, many hundreds of eager investigators throughout the world are daily throwing new light on difficult points, or are instituting more skilful methods of diagnosis and treatment. The literature alone is beyond the scope of any one man. Further, the man in practice passes his life, for the most part, in treating more or less commonplace disorders : his skill in diagnosing the rarer affections must necessarily deteriorate from want of opportunities. It was a consideration of these facts which led to the institution of post-graduate courses, for men engaged in the actual practice of their profession. A distinction must be drawn between this class of men and those who wish to study more deeply, after qualifying but before entering practice. The movement must still be considered to be in its earliest stage, though, it must be noted, the advisability of a periodical return to clinical and laboratory study has been recognised and adopted in the recent reforms of the Army

and Navy Medical Services ; it is the civil practitioner, however, that must be considered here.

Viewed generally, it must be admitted that, under present conditions, the public at large do not benefit as much as they should by the advance of medical knowledge. The general practitioner is too busy a man, and has to work too hard to obtain a livelihood, to have time to increase his theoretical and scientific knowledge. New methods of treatment involve new instruments and a practical knowledge of their use. It is this want of practical instruction which, to a large extent, hampers the ordinary medical man, and it is to meet this want particularly that these post-graduate courses have been instituted. But another great difficulty presents itself. These classes must necessarily be held in large centres, and must occupy a fair amount of time. The country doctor, if he desires to attend, must be prepared to face a considerable amount of expense and trouble, what with a *locum tenens* to pay, and his own board and lodging to provide. Very probably, in order to attend the class, he will have to sacrifice his only holiday in the year. To do all this presumes an amount of keenness and eagerness, seldom to be found after ten or fifteen years of general practice. So one is not surprised to find that the best attendants, at the various classes, are men comparatively young in years, and with some of their enthusiasm still left unquenched. It is the older men, however, who must be attracted : the men whose clinical knowledge is considerable, but whose acquaintance with up-to-date methods is hazy or lacking. Three essentials are required to attract this class of man ; first, as short and compact a course as possible ; secondly, subjects of real value in general practice ; and thirdly, low fees. One or two hours' instruction a day, for a week or ten days, is as long as a busy man will feel inclined for. The subjects chosen should have an essentially practical value, and only those methods should be shown which each man can carry out in his own practice. The demonstration of difficult operations, for example on the larynx, or the showing of rare and unique cases may be very gratifying to the *amour propre* of the lecturer, but is of no real value from the practical point of view.

Moderate fees are essential ; the average man has little or nothing to spare, after his expenses have been met. It is necessary to *attract* the men as much as possible ; the value of the classes is really of more importance for the public welfare than for that of the practitioner. In outlying districts, particularly, the old established man has little to fear from the younger man with the newer methods ; in fact his patients

fight shy of what they call "new-fangled ideas." It is for their good that the older practitioner, with his influence and position, should keep himself as far as possible up-to-date.

These post-graduate classes must necessarily be held at large hospital centres, but, where possible, they should be quite distinct from the ordinary students' courses. In London two hospitals now reserve the instruction in their wards entirely for qualified men, with considerable success. The elderly practitioner does not care overmuch to be mixed up with men, many years his junior. Moreover, the teaching available for the latter is eminently unfitted for the former. He has no examinations to work for, and he cannot be expected to exhibit much interest in pathological theories, the practical utility of which is not very apparent. In the few days snatched from a busy life, he wants to be shown methods and practical points which he can seize hold of and use himself. By the time he has spent fifteen years in busy general practice, the *science* of Medicine has given place to the *art*, and his whole profession represents more a means of livelihood than a pleasant study.

In dealing thus far only with the general practitioner, one must not forget the specialists and teachers. True, the whole life of these men is usually one long post-graduate study, but occasional visits to other centres of teaching will be of great value. The Johns Hopkins University requires each of its professors, once in seven years, to spend a year in travel and study at other schools. A return to his *Alma Mater* every seventh year, for a month or so, might well be the ambition of every keen practitioner.

RESEARCH WORK.

The progress of all knowledge is by what John Hunter called "trying." Medicine, of all the sciences, can only advance by experiment and research. It would be impossible to give any idea of the number of eager workers, throughout Europe, who are giving up their whole lives to the attainment of more accurate knowledge in Pathology, Bacteriology and Therapeutics. Many more devote all their spare time to the same ends. Abroad, the majority of these men hold appointments carrying with them salaries, if not large, at least sufficient for their daily needs. In this country matters stand on a somewhat different footing. Of all classes of educated men, the technical expert is at present the one least

considered or consulted. The public, and still more their leaders, are only just beginning to realize, and that only vaguely, that unless a man has had definite and long training and experience in a subject, his opinion is but of little value. In the eyes of the outside public the expert is considered fussy and faddy : he is thought to be biassed and prejudiced, and to attach too much importance to petty details. But light appears to be dawning on the powers that be, and they seem at last to be realizing that a highly trained expert is, perhaps, as much,—if not more,—fitted to express an opinion as an amateur, no matter how highly connected or endowed with wealth the latter be. Technical knowledge of a high grade is but a comparatively recent production ; so far such knowledge cannot be said to have received its proper position in the public estimation. Each year sees more and more improvement in this respect however, but one fears it will be many years before the possession of such knowledge will be considered of greater importance than social influence and wealth.

Many observers attribute the amazing rise and prosperity of the German people, within the last thirty-five years, to the fact that they have already grasped the immense value of scientific training and work. In our country, however, the very men whose work and labour are of the most paramount importance to the public weal and progress, are the least likely to receive either remuneration or honour. The enunciator and pioneer of all antiseptic work, with its countless benefits to mankind throughout the world, is less honoured than the founder of a successful brewing company. One does not say this in any spirit of discontent, but rather as a patent example of the relative importance attached to such work by the public at large. At present the would-be worker along new paths of research finds little encouragement in this country. Unless he possesses private means, the only help he can expect is in the nature of a few research scholarships and small grants from various learned societies,—in other words, from his own profession. One or two exceptions must be noted for the sake of accuracy, notably the Research Scholarships of the Grocers Company of London. Generally, however, it may be stated that the eager young investigator must be prepared to work gratuitously. Even those, whom one may call the " master " minds, those men whose names are already famous in research work, are but little better off. With few exceptions the man who gives up his life to the study of Anatomy, Physiology, or Pathology, cannot hope for an income larger than £300 or £400 a year ; and one must

remember that such a sum represents less in London, Edinburgh, or Dublin, than a corresponding amount does in the smaller German towns. The consequence is, that many of our ablest investigators are forced to practise their profession, and as their practices grow the time available for research work diminishes to the detriment of scientific progress. If only some millionaire, instead of providing light literature for the working classes, could be induced to endow some institutions in our large towns, for the carrying on of research work in Medicine and its allied sciences !

A successful consultant or specialist in this country can make a larger income than his *confrère* in a Continental capital. A life, devoted to investigation and research, necessitates an enthusiasm over-reaching the temptations of pecuniary success and personal advancement. A good tale is told which rather neatly illustrates this point. Some years ago at an international conference held in London, one of our leading investigators and consultants was called away, in the middle of an important discussion, to see a private patient. A German visitor observing this, remarked to a bystander that it seemed a shame that such a man should be obliged to gain his living in the ordinary routine way ; in his country, they would obtain a guaranteed income of three or four hundred a year for him, so that he might devote the whole of his time to research. The bystander agreed with the excellence of their system, but felt doubtful whether the gentleman in question would accept such a proposal, considering that his income ran nearly into five figures.

Each year research is becoming more arduous and difficult, and requires more from the man who attempts to solve its intricate problems. Men of the John Hunter type, combining busy practice with first class research work, must necessarily become rarer each year. What is most urgently required, is the institution of endowed research appointments, with salaries, if not commensurate with the true worth of the holder, at all events sufficient to maintain him in comfort, and to some extent compensate him for his loss of practice. Several excellent gentlemen have furnished laboratories, but have neglected to provide any means of livelihood for the workers in those places. The provision of these endowments ought not to be left to the profession ; it is the duty of the public to provide them. The laity quite fail to realise how inestimable is their debt to the pioneers of medical research ; it is they who directly reap the benefit, not the medical profession. To the latter new methods of diagnosis and treatment mean longer training, more costly instruments and

drugs, and increased expenditure. The public expect too much of the profession, without giving any return. The latter, in the past, has given freely and without hope of any reward. Times are changing, however : the public has had its chance of repaying in some measure the debt it owes. It has not done so, and the time has come to demand repayment. On every side one sees the commercial spirit rampant. To the public mind anything, which is given, cannot have much value. If Lord Lister had demanded a large sum, from the State, for his initiation of Antiseptic Surgery, the public would have acclaimed him as a man of sound commercial instincts. As it is, the man in the street barely knows his name. Even the most altruistic consultant finds it necessary to prescribe some harmless, if needless, medicine : patients will not be satisfied, unless they take away with them some tangible exchange for their guinea.

It is thus from the public that the funds necessary for the proper carrying-out of research work should come ; it is for us as a profession to demand their provision as a right.

III.

HOSPITALS.

It is beyond the scope of this essay to enter into the historical aspect of this portion of the subject ; it will be more advantageous to consider certain defects and faults in the present system, bearing more directly on the welfare of the profession.

Hospitals may be roughly divided into three great classes, State, voluntary, and self-supporting.

The "State" Hospitals comprise the Military and Naval institutions, the workhouse and prison infirmaries, the public lunatic asylums, and the various isolation and fever hospitals. All these are supported entirely by the State,—the service and prison institutions directly from Imperial funds, the remainder more indirectly by local rates.

The Voluntary Hospitals include the majority of the remainder ; many have endowments, but all depend more or less on the generosity of the public. Under this head come all the general and special hospitals, sanatoria, and the like, in various parts of the country.

The Self-supporting Hospitals, outside the private asylums and private sanatoria, are few in number, and rely for their income on the payments of the inmates. A few institutions form a connecting link between this class and the preceding, in that payment is received from patients, but the deficit is made up by voluntary subscriptions, *e.g.*, cottage hospitals.

Before proceeding further, it may be as well to briefly summarize the present arrangements of these various classes of institutions.

The "Service" Hospitals are to be found in connection with the large Military and Naval depots : they are "station" and not regimental in character. They are staffed by members of the corresponding Medical Service, the nursing staff consisting for the most part of male orderlies, with here and there a female ward nurse.

The Poor-law Infirmaries are primarily intended for the reception of those sick people seeking relief under the Poor-law enactments, and consequently have a larger proportion of chronic cases than is to be found in other hospitals. These institutions vary greatly in size, many of the larger ones containing as many as five hundred beds, while the smaller ones

will have only forty or fifty. They are under the immediate management of the various boards of guardians, who are responsible to the Local Government Board, and are staffed by resident or visiting medical officers, according to their size and locality. The internal condition of these infirmaries varies with the localities and the spirit in which the local boards of guardians interpret their duties to the sick poor. In some of the larger towns, more particularly in England, the later built institutions compare very favourably with the voluntary hospitals; some of the smaller ones, notably in outlying districts in Ireland, are so disgracefully managed as to be blots on the administration of the Poor-laws.

The Public Asylums are fairly numerous in number, and, owing to the strict surveillance of the Commissioners, compare exceedingly favourably, in all but luxury, with private institutions of a similar nature.

Of all the State-supported institutions, the *Fever and Isolation Hospitals* are, perhaps, the best regulated and conducted, and in this respect the writer has, on several occasions, noticed that the smaller districts are as up-to-date in regard to buildings and fittings as the larger towns. This general well-being of the isolation hospitals is no doubt due to the fact that their inmates are drawn from all classes. Everybody having the right of admission, and each year seeing more patients of the better classes willingly becoming inmates, any abuses or mismanagement will be quickly discovered and rectified. When the same ward, as in an instance known to the writer, contains a bishop and a pauper, the latter will benefit by the presence of the former, and the union of the two extremes will aid in obtaining more thorough efficiency. Except in London, the hospitals are under the control of the local sanitary authorities and, as a rule, excluding the larger institutions, are under the personal supervision of the local medical officer of health.

State-aided Sanatoria have recently been—or are being—established in different parts of the country, the most notable one of which owes its inception to the kindly interest of His Majesty. These institutions are the outcome of the better recognition of the value of the "fresh air" treatment of phthisis, and are an attempt to bring such treatment within the reach of the poorer classes.

Prison Infirmaries are under the control of the Home Secretary in England, and of the Prison Authorities in Scotland and Ireland. They appear to be efficiently managed, and, if rumour be true, to form havens of rest for their unfortunate inmates.

Under the head of *Voluntary Institutions*, the most well known are the great general hospitals of our larger towns. Some have Medical schools attached to them, but in any case their staffs consist of the very *élite* of the profession,—in many instances, of men with world-wide reputations. The majority are endowed to a greater or less extent, and the deficit has to be made up by voluntary contributions,—with the exception of a few institutions whose incomes are large enough to cover their expenditure. Many of these hospitals have been founded by philanthropic benefactors, who have provided a certain sum in land or securities to act as an endowment. As years have gone on, the necessary expenditure has enormously increased, and too often the value of the endowment has correspondingly decreased. The need for outside help has therefore arisen, and up to the present this help is entirely provided by various voluntary efforts.

Special Hospitals for certain diseases (*e.g.*, ophthalmic and skin institutions), or for women or children, or for certain classes of people (*e.g.*, the German and French Hospitals in London, and the new Jewish Hospital in course of formation in Manchester), are supported in a similar manner.

The management, of these various institutions, is in the hands of lay committees, election to which depends more on philanthropic renown than on previous experience. In one or two cases (*e.g.*, St. George's, London), all the governors or subscribers have a voice in the management, but as a rule all powers are delegated to an elected committee. The medical staff of the hospital are permitted to advise the committee by means of their medical council, but in very few instances are they allowed to elect a representative to sit and vote on the former body.

The actual daily command is vested in the secretary or house-governor, a layman, though in many institutions a resident medical officer is appointed to direct the professional work.

Finally, there is a junior staff of house physicians and surgeons and the like, working directly under the visiting staff, and responsible for the treatment of the patients in their absence.

The senior staff is purely honorary; in a few instances they receive a small carriage allowance. The junior staff receive salaries varying inversely as the size of the hospitals, in the largest of which free board and lodging represent their entire remuneration.

Cottage Hospitals are to be found in many country towns, and in numerous instances owe their inception to the activity

of the local medical men. They are conducted in different ways: often any local doctor can admit his own patients and can himself attend them. In addition, certain medical men may be elected to form an emergency staff, the choice lying either with a small managing committee or, as at Wimbledon (Surrey), with the local practitioners. All classes of patients are admitted, and a proportionate charge is often made, according to their status and means. In another class (*e.g.*, the Jubilee Hospital at Southend in Essex) the primary object of the hospital is for accidents, and other cases are only exceptionally admitted. These cottage hospitals, if available for the cases of any local practitioner, are excellent institutions, providing skilled nursing and attention, at charges proportionate to the patient's means; at the same time, the local practitioner need not lose his patients nor attend them gratuitously.

The Self-supporting Institutions are few in number, if one excepts those which are carried on as private commercial enterprises. In these establishments the patients pay for their board and nursing, and are attended by their own medical men. St. Thomas's Home, and Fitzroy House in London, are two well-known examples. More institutions of a similar nature, *i.e.*, not carried on for private gain, are urgently needed all over the country; places where better class patients can receive all the benefits of hospital treatment, without its concomitant disadvantages on the one hand, and at fees more within their reach than is usually the case in private nursing homes, on the other.

Of *Private Asylums and Sanatoria* little need be said: numerically they form a large and increasing class. Practically they are commercial ventures, and their success therefore depends, to a large extent, on the excellence of their management and surroundings.

Having thus briefly summarized the various classes of hospitals met with in these isles, it is necessary to consider more fully certain of their faults and failings.

Hospitals, in regard to their utility, may be considered from the following points of view:—first, and most important, from that of the patients; secondly, from that of the medical staff and of scientific progress; thirdly, from that of medical education and the training of students. There remains yet another aspect of the question, and one which is often forgotten or passed over, namely, that of the general practitioners in the surrounding districts.

The primary object of all hospitals is, unquestionably, the treatment of the sick, and anything that in any way can

act harmfully on the welfare of the patients ought necessarily to be done away with. Those with a large experience of hospitals in other lands, are the first to accord to the British institutions pre-eminence, in regard to their humanitarian management. The fear that so many people in the lower orders so long entertained of the hospitals is rapidly disappearing; in fact the pendulum has rather swung in the opposite direction, and the working classes now run to the nearest institution for trivial complaints and mishaps, which in higher walks of life would only receive domestic treatment. A visit, to the casualty department of any great general hospital, will show numbers of patients whose only need is a black draught or a simple dry dressing. The consequence is that the work of the casualty department has enormously increased; mistakes must happen occasionally, but, considering the number to be seen, it is a wonder that so few are made.

No matter how careful the staff and nurses may be, there are one or two factors, almost impossible to eliminate, which necessarily lessen the value of hospital treatment. First, the accumulation of many patients in one ward, with the incidents of death or disturbance of sleep. Further, the presence of a large body of students and, perhaps, the examination by too many at one time, may sometimes have a detrimental influence on the progress of a case. The provision of smaller wards requires a larger nursing staff, and a consequent increase in the hospital expenditure; the presence of the students is necessary for the welfare of the public at large.

The hospitals are, *par excellence*, the training schools of doctors, and the home of all scientific progress in medicine. Under no other circumstances can the course of disease be so accurately observed, and the investigation of minute details so systematically carried out. It is next to impossible outside the wards of a hospital, to obtain the records of a patient's progress, noted by specially trained and skilled observers. The good resulting from these systematic observations redounds to the welfare, not only of the patients themselves, but to a still larger extent, to that of the general public. No matter whether the medical attendant be consultant, specialist, or general practitioner, he is daily applying the results of his own or other people's experience gained in a hospital ward, and much of this experience cannot be obtained so satisfactorily outside, no matter how skilled a clinician he may be.

Hospitals are of more urgent necessity to the lower, middle, and labouring classes from the surgical than from the medical

aspect. Most urgent and important operations require, for their successful issue, skilled nursing among hygienic surroundings, a combination next to impossible to obtain in the patients' own homes. Surgical progress, again, entirely emanates from the hospital theatre, where such skilled assistance can be obtained.

The charge of experimentation on patients is an old cry with a certain section of the public, fortunately not so persistent of late years ;—perchance the rage against vaccination and vivisection has taken its place. How false and untrue such an accusation is, cannot be better shown than by the indignation aroused in the British profession by certain experiments carried out some years ago in a foreign hospital. At the same time all medical progress, as John Hunter said, is necessarily the result of " trying," but this is hardly the meaning attached by the public to that indignation-rousing word " experiment."

Outside our own ranks, it is customary to forget that the staff of a hospital give their services and time without pecuniary remuneration. In return, they naturally expect to gain experience, and to have opportunities for investigating disease. Beyond this, their attachment to a hospital undoubtedly serves as a perfectly legitimate advertisement. It is for these reasons that the competition for the appointments is so keen, and that the very cream of the profession are willing to give up the best years of their lives to the drudgery of the out-patient department.

The general practitioners, in the district from which the hospital draws its patients, are deeply affected by the possibility of the abuse of the gratuitous aid provided by these institutions. The admission of patients, who are able to pay a private practitioner's fees, is also detrimental to the really needy applicant, in that it necessarily engenders overcrowding. Further, by increasing, needlessly, the work to be done, it mitigates against the staff carrying out their duties in the most efficient manner. From whatever point of view the question is approached, the urgency of tackling it is most apparent.

The admission of patients to the various institutions is either entirely free or else depends on the production of a governor's or subscriber's " letter." Until some years ago the latter plan was the most common, but its disadvantages were so obvious that many hospitals have relinquished it in favour of the former. Under the " letter " system, the applicants are often of an unsuitable class, the gift of the letter being in the hands of people of benevolent intention, but

rarely fitted to discriminate rightly as to who is and who is not a fit recipient. Further, the possession of a "letter" has often been thought to imply the undeniable right to admission, and refusal has resulted in the withdrawal of the subscriber's support. In short, the system of governors' "letters" too often leads to the admission of unsuitable patients, or else to misunderstandings and difficulties with the hospital's supporters.

The "entirely free" system has equal objections: with such a number of patients as it necessarily implies, the impossibility of making any adequate enquiries is apparent. The appearance of a patient is no guide at all, and only visitation of their homes can in any way check abuse. Many people aver that this abuse is by no means common; some members of hospital committees support this view. How untrue this is, it is hardly necessary to urge; statistics are fallacious and difficult to obtain at all accurately, but it has been calculated that in London as many as one in four of the entire population have, during one year, received treatment at a hospital. That the number is nothing like as high as this is possible, as the various institutions in London draw their patients from far afield. Still, it helps one to realize the enormous numbers which annually receive gratuitous medical advice and treatment. As to what proportion could pay a fee, even only a small sum, there are naturally no reliable statistics available; that it is a fairly large one, all those with hospital experience will admit. How large a proportion it forms is better known to the general practitioners, who personally see their patients drifting off to hospital! Such a state of affairs is most unfair to the really suitable applicants, to the hospital staff, and particularly to the medical men whose patients they should be.

The majority of hospital patients, and, perhaps, a still larger proportion of unsuitable ones, attend the out-patient department. The staff and the hospital authorities to some extent can prevent the admission to the wards of any but really necessitous patients; and, moreover, the patients who could afford to pay, very often are not desirous of becoming in-patients. Prevent the abuse of the out-patient department, and the greater part of hospital reform will be accomplished.

From the published figures of a large London hospital the number of attendances made by each patient averages under three times per annum. By far the greater number of out-patients can surely afford 4*s.* 6*d.* to 6*s.* per annum for medical attendance, or, in other words, a surgery fee of

1*s.* 6*d.* to 2*s.* a time, a very usual fee in large manufacturing towns; and surely the general practitioner is as competent as the junior consultant to treat the minor surgical injuries, the chronic dyspepsias, anæmias, and coughs, which form such a large proportion of the cases seen in "out-patients." Of recent years, minor surgery has almost disappeared from the practices of many men. Those cases, which are not seen in the casualty department of the local hospital, are treated by the numerous amateur and "first-aid" people, who abound on all sides. Those patients, who really cannot afford the smallest fee, are certainly entitled to gratuitous medical aid, but not necessarily to medical aid given gratuitously by the profession. Rather, by some alteration of the existing Poor-laws, this aid should be provided by the State without, as at present, making the recipient but one step removed from a criminal. Under the present system it is little less than a crime to be a sick pauper, let alone an able-bodied one. The poor are entitled to the best medical attention possible, and rightly too; but that is no reason why the junior consultants should be required to preside over what is little better than a gratuitous dispensary, to the harm of the general practitioner. Let the "out-patients" be for genuine consulting work, where the outside doctor can obtain the highest advice for his poorer patients at his own request; not merely a place to which every Tom, Dick, and Harry can run, to get a cough bottle for the asking.

How strong and growing the feeling against the present system of out-patient departments is, among the rank and file of the profession, can be judged by the opposition raised at Leigh, in Lancashire, to the formation of such a department in the new infirmary there.

To put the matter shortly, there seems to be every argument in favour of totally abolishing the present system of out-patients' departments; retaining a casualty department for emergencies and accidents, a small after-treatment branch for discharged inmates, and referring the remainder either to outside doctors or to some reputable provident institution. The latter, as an alternative to the out-patient department, has the support of no less an authority than Sir Henry Burdett, and will be considered in another part of this essay.

What, it may be asked, are the hospitals doing to limit the abuse of their charity? The answer, unfortunately, is —very little. At many places, it is true, an enquiry officer or almoner has been appointed: in fact the Hospital Sunday Fund Committee now require the appointment of such an officer by all institutions receiving grants from them. The

results of these appointments are by no means encouraging. The enquiries are tedious and difficult, and only a small percentage of the cases can be followed up. The writer has only found one set of statistics which are of any real value ; these come from Manchester, in which place enquiries have been made, in connection with the principal hospitals, since 1875. In that year the percentage of applicants to the Medical charities, who were found to be ineligible for gratuitous relief, was 42·32 per cent., falling in the next year to 24·5 per cent., and since then to 5·1 per cent. The latter figure is probably far too low for the following reasons ; first, the work of the institutions has increased to such a great extent that the enquiries are far more difficult to adequately carry out, and secondly, the patients are on their guard now-a-days, and are prepared with their answers to the various questions put to them.

So far, the system of enquiries is the only attempt made by the authorities to check the abuse of their charity. There is no instance on record, as far as the writer knows, where the discovery of deliberate fraud has been followed by prosecution, though there must be few doctors who have not come across absolutely flagrant cases. It seems to be no one's duty to make the first move, while everyone with experience acknowledges the necessity for some radical action.

Another feature of hospital abuse needs notice : that is the way in which employers of labour make use of these institutions, to save themselves the expense of providing private medical aid for their work-people, when an accident occurs. They subscribe some yearly sum to the nearest hospital, and in return expect that their employees shall be instantly admitted and treated.

Enough has been said to prove the existence of abuse ; where is the remedy ? If one turns for a moment and considers analogous instances involving the legal profession, a body which pre-eminently looks after its own welfare, some interesting lessons can be learnt. Before any one can sue for a divorce *in paupera formis*, he must first obtain counsel's opinion that he has a good case. Again, the benefit of the recent Prisoner's Defence Act rests entirely with the judge trying the case ; if he thinks fit he may certify for counsel to defend the prisoner, if not the latter has no redress. It should be noted that the legal profession has taken care that no lay person shall have the power to interfere, although in both cases the cost comes out of the ratepayers' pockets. So ought it to be in regard to gratuitous medical relief. Matters will never be placed on a satisfactory basis until the

power of giving relief lies entirely in the hands of the profession itself. This is the goal which we should aim for; every step on the way will mean the lessening of the present abuse. Nor would such a scheme present inherent difficulties. A return to the old ticket system would be necessary, but with one great difference, namely, that the distribution of the tickets should be entirely in the hands of the medical practitioners in the district, not in those of the clergy and subscribers. A certain section of the public, eagerly anxious on all occasions to besmudge the honour of medical men, would, doubtless, cry out against such a suggestion. But of all people, the doctor is the most likely to know who is really suitable for hospital treatment, and who is not. If some black sheep,—and there must be some in any walk of life,—be found to be abusing his trust, any further supply of tickets to him could be withheld, after due investigation. There is nothing to prevent such a scheme coming into immediate existence,—nothing except the custom of the medical profession doing all the real work of these institutions, and receiving nothing in return. Although the change suggested would be radical and great, it is certainly no more than the general practitioners have a right to demand, in order that their livelihood may not be taken from them. In short, the first great step in the prevention of hospital abuse can be summed up as—one attendance only, unless recommended by a medical man as a suitable case for gratuitous treatment. Tickets might be of two kinds, one for treatment, and the other for advice; in the latter case, the opinion of the member of the staff should be forwarded privately to the outside doctor. The general practitioner may be safely trusted not to abuse the latter tickets to the detriment of the consultant.

These considerations lead to a fuller investigation of the management of the large general hospitals, and the position of the medical staff in that matter. In most institutions of any size, the management rests entirely in the hands of a lay committee, elected by the governors and subscribers, and composed, for the most part, of wealthy patrons and amateur philanthropists. A marked preponderance of the brewing influence is often noticeable. The committee elect from their number a chairman, who may hold office for many years, and is often all-powerful. Under him, and representing him, is the lay secretary. Both these gentlemen are, for the most part, exceedingly well intentioned, but having been brought up in the faith that the medical profession shall always give and never take, they are apt to be out of sym-

pathy with the professional staff. The latter is rarely represented on the committee of management; enough for them that they shall perform the real work of the institution gratuitously and out of their love for science, without having the smallest say in the way things shall be conducted. In too many hospitals the committee treat the staff as if, instead of being entirely honorary, they were paid employées. If, as in the case of the National Epileptic Hospital in London, the staff—men of world-wide reputations—agitate to have, at least, one representative on the committee of management, all the powers available are marshalled to prevent such an occurrence, and the very suggestion is looked on as unnatural and offensive. Yet one would think that the necessity of technical knowledge for the proper management of such an institution would be apparent to anyone. It is doubtful if the necessity of this knowledge is denied; unfortunately the lay members occasionally seem to think that they themselves have a sufficient grasp of the different subjects. In one large hospital within recent years, the writer was astonished to be told that a certain method of sterilization was not adopted because the chairman did not agree with it, and refused to allow the apparatus to be purchased, although the staff as a whole were in favour of its introduction. It certainly seems only reasonable that the honorary medical staff should, at least, be represented on the managing committee: undoubtedly the lay committee is responsible for the financial solvency of the institution, but the medical staff do the real work, and on them the very existence of the hospital depends. It is quite possible,—nay it is quite easy to imagine a hospital without a lay committee, but one without a medical staff would be a condition of affairs worthy of a Gilbert and Sullivan opera.

The appointment of the honorary staff is not always satisfactory; it usually rests with the lay committee on the advice of the medical council, though one or two institutions still employ the antiquated method of election by the whole body of governors. Unfortunately, it is not uncommon for the medical council's nominations to be asolutely disregarded. One further illustration, within the writer's knowledge, will be pardoned. Two gentlemen were candidates for a vacancy which had occurred on the staff of a general hospital. The medical council, by fourteen votes to one, recommended one of the gentlemen; the lay committee chose the other. A comparison with the French system is interesting. The would-be hospital surgeon, having obtained his M.D., becomes an "assistant publique" by means of a competitive exami-

nation. The latter is severe, and the candidate will have no time for private practice until this is passed. On the average he will not be far short of thirty years old by the time he has got thus far, and has now to await a vacancy on the staff of a municipal hospital, to which in the natural course of events he will be promoted.

It is unfortunate that many an assistant physician or surgeon has to spend so many of his best years in the out-patient department, until death or retirement causes a vacancy on the senior staff ; unfortunate, in that the work at its best is more or less drudgery, and unless death or illness plays havoc with his seniors, he may find himself tied two or more days a week for ten or even twenty years, to seeing trivial and uninteresting cases. By the courtesy of his senior officer, or in some instances by right, he may have a small number of beds allotted to him, but the fact remains that the greater number of his cases, really requiring serious treatment and investigation pass into other hands than his, so that a great part of his hospital experience, during the years when his acumen is brightest and his enthusiasm keenest, consists of the less serious and more chronic aspects of disease. This naturally affects the young physician more than the surgeon, as the latter usually has all the emergency and night work handed over to him. These facts are further arguments in favour of reforming the present out-patient departments on the lines already indicated.

Should the great general hospitals receive financial support from either local or Imperial funds ? At present, the State gives no aid whatever, and the various institutions are rated as other buildings. There can be little doubt but that, considering the charitable nature of their work, hospitals as a class should be free from all rates and taxes, in a similar manner to churches and service buildings. But the wider application of State-aid for hospitals, not coming under the Poor-law Acts, requires more careful thought and consideration. Doubtless the day will eventually come, when all charitable institutions will be under the management of a special Government department, and will depend for their incomes on drafts from Imperial funds. In that day, the working and lower middle classes will have the right to expect help and treatment at the State's expense, when they are laid aside by the hand of accident or disease, without at once sinking into the pauper class. It is very doubtful, however, if at present matters are sufficiently ripe for such a change. State-aid involves State management, and the latter would imply great alterations. First, as to the medical staff : at present their services are

honorary, but they could hardly be expected to give their time and experience, on such terms, to the service of the State. State-aid will first, then, mean a paid medical staff, and if the salaries be made at all commensurate with the value of the services required, the further difficulty of patronage will ensue. Hospital appointments, under these circumstances, will become valuable not only for the experience to be gained, but also from a purely pecuniary point of view. Still, one must not lose sight of the fact that municipalisation is the watchword of to-day, and that State-endowment and management of our hospitals and kindred institutions will eventually become an accomplished fact.

IV.

MEDICINE AS A CAREER.

HAVING considered the training of the medical student of to-day, the methods of determining the state of his knowledge, and the opportunities he possesses for further study and research, what is his future, and what are his prospects ?

In former days the profession was divided into three great classes : first, the physicians, who were University graduates, and nearly always connected with the larger hospitals ; next, the surgeons, ranking after the first-named, but mainly hospital men ; and, lastly, the apothecaries, the general practitioners of the time, ranking considerably below the other two branches, and often comprising men of a decidedly lower social standing.

To-day, one may divide the profession into the specialists and consultants on the one hand, and the general practitioners on the other. The first group may again be divided into specialists of " methods," " regions," and " diseases." The first of these sub-groups—" methods "—includes, first, the consulting physicians, many on hospital staffs, and while devoting themselves to medicine pure and simple, yet practising pretty widely in that subject. Next, the operating surgeons,—to-day ranking equally and in the public mind even before the first-named,—men with general hospital experience and opportunities for perfecting themselves in their special branch, namely, operating work, but not necessarily tying themselves down to any special region of the body. The specialists of " regions " comprise that growing class of men who devote themselves to a particular portion of the body, *e.g.*, oculists, aurists, and gynæcologists. Lastly, there are those who, like the dermatologists and the alienists, make an especial study of certain classes of disease.

The other great group—the general practitioners—forms the main body of the profession of to-day ; specialising in no particular portion of their work, each probably having all the same his favourite subject, but ever ready when called on to attend a confinement, treat a case of pneumonia, or, it may be, set a fractured limb. The descendants in the profession of the old apothecaries, the distinction between the general practitioners and the specialists is to-day rather one of opportunity than of knowledge and merit. The man

with a limited purse, no matter what his merit and abilities, can only chose general practice for his path in life,—except in exceptional circumstances. Thus, it is by no means rare nowadays to find a man, not only possessing the highest possible qualifications, but showing great ability in his work, drudging his life out in the daily round of a working-class practice; while the man with lesser ability, who can afford to wait, attains to the staff of his hospital while peers and members of Parliament throng his consulting room.

The prospects of the average medical man cannot be said to be very rosy. It is only the few who can expect to become what a business man would call a success; fewer still who can put aside sufficient to provide for the necessities of old age or of families left behind them; and many cannot even recoup themselves for the capital expended on their education. On the average, the production of a medical man costs his parents or guardians between £600 and £1,000, and should he pass through one of the older Universities, considerably more. The inclusive cost of his training varies form one-hundred-and-ten to one-hundred-and-fifty guineas; his examination fees, not allowing for failures, from ten to forty guineas; and five years' board, lodging, and clothing easily account for the remainder.

The average income that he may look forward to, is difficult to ascertain. The late Mr. Lawson Tate put it at only £200 a year; others have placed it higher—£400 a year. Judging from the practices advertised for sale, the average *gross* income may be taken to be between £400 and £500 a year, *i.e.*, of men who are in actual practice as principals. The value of many of these practices is, unfortunately, inflated, and there are also many others so small in value as to be unsaleable. It may be safe, therefore, to take £400 a year as the average *gross* income. The *net* income, after practice expenses have been paid, will be considerably less. This quite leaves out the large body of men who are only assistants; their incomes may be roughly stated as varying from £120, with full board and keep, to £200 with lodging only. Finally, there is a fairly large class of men, holding resident appointments at hospitals and institutions, whose salaries, with board and lodging, vary from nothing, in the case of the large general hospitals, up to £400 a year, in the case of senior assistants at the large asylums.

The incomes of the consultants and specialists vary greatly, but their heavy expenses must be remembered, and the weary years of waiting. Sir James Paget is stated to have passed his fiftieth year before his income exceeded £500 a year, and

many a consultant, even of European reputation, finds great difficulty in making his income and expenditure balance on the right side.

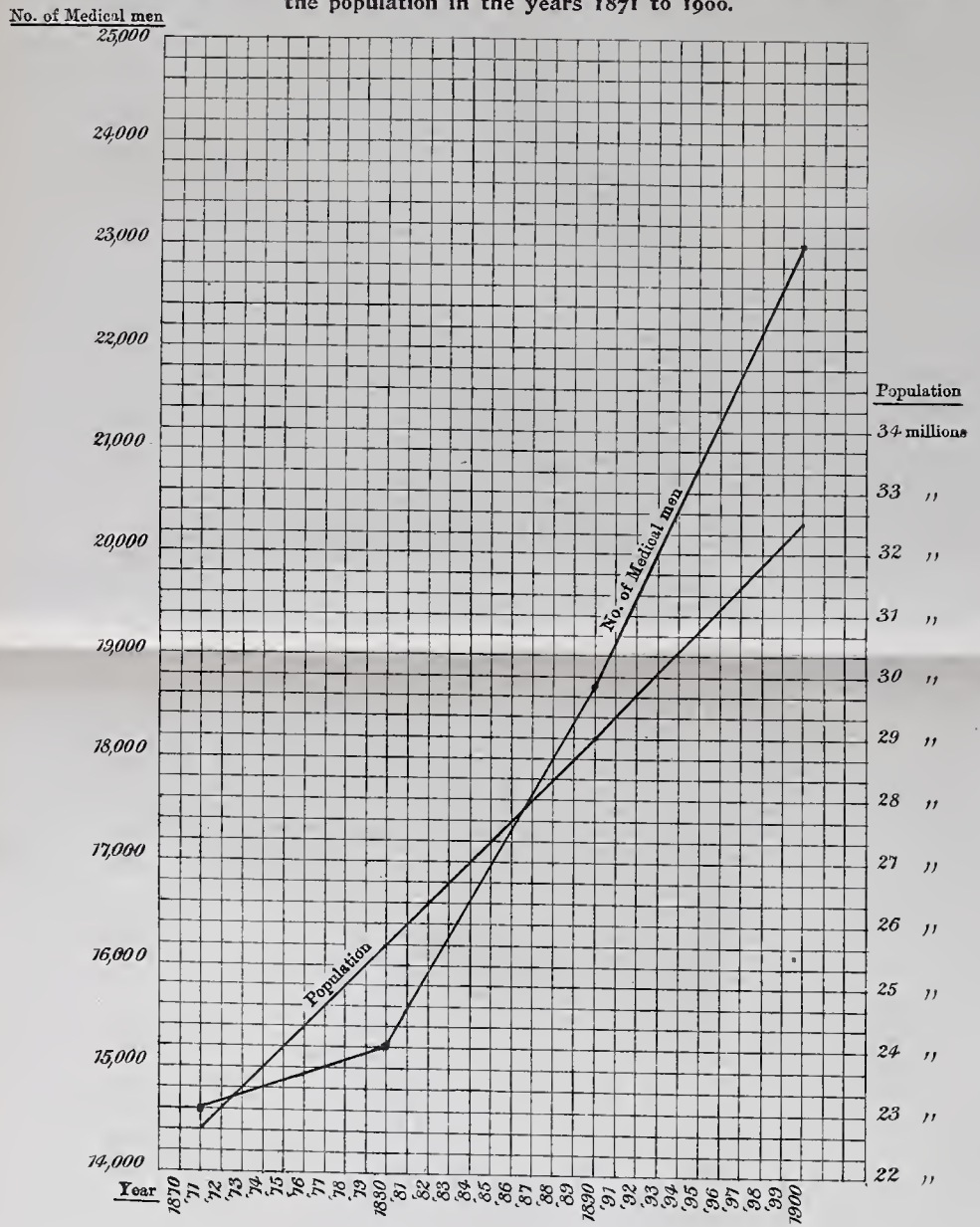
The only statistics of any value concerning the after success of medical students, which the writer can find, are those given by Mr. Charles Booth in his *Life and Labour of the People* (vol. viii., page 81), and stated to have been compiled by the late Sir James Paget from his own experience as a teacher at St. Bartholomew's Hospital. From the table there set out, it appears that of 1,000 students whose careers were known to Sir James, 5·6 per cent. failed entirely, 9·6 per cent. left the profession, 8·7 per cent. died soon after qualifying, and 4·1 per cent. died before obtaining their diplomas. Of the 72 per cent. who obtained success of some kind, only 2·3 per cent. became distinguished men. These figures compare very favourably with other walks in life, but it must be remembered that during most of the time they were being compiled, apprenticeship was still the custom, so that many unsuitable men were weeded out, and hence did not come into the list.

Is the profession overcrowded? This is the continual cry; a by no means new cry either, for it is interesting to note that the supposed overcrowding of the profession has been talked about for close on a hundred years. Unfortunately, it seems only too true. The accompanying "curves" are of some interest in this connection. A. contrasts the growth of the population of England and Wales, between 1871 and 1900, with the number of registered medical practitioners. B. shows the relationship between the number of medical men per 1,000 deaths, and the average death-rate for the same period. Although not absolutely accurate, yet the death-rate, in some measure, may be taken to represent the amount of sickness in the country, and the number of medical men per 1,000 deaths to represent the amount of available work. In addition it must be remembered that charitable medical work has increased enormously in the last thirty years, and has lessened the possible scope of the individual practitioner. C. is the curve representing the number of men per 1,000 deaths in B. inverted, and may be taken as showing, in a graphical manner, the decrease in available work during the lass thirty years. One would expect, therefore, the average income of the medical man of to-day to be nearly half that of thirty years ago,—for fees have not improved, at all events in general practice, in many cases they have fallen, and contract work and hospital practice have greatly increased.

The number of people necessary to maintain one general

A.

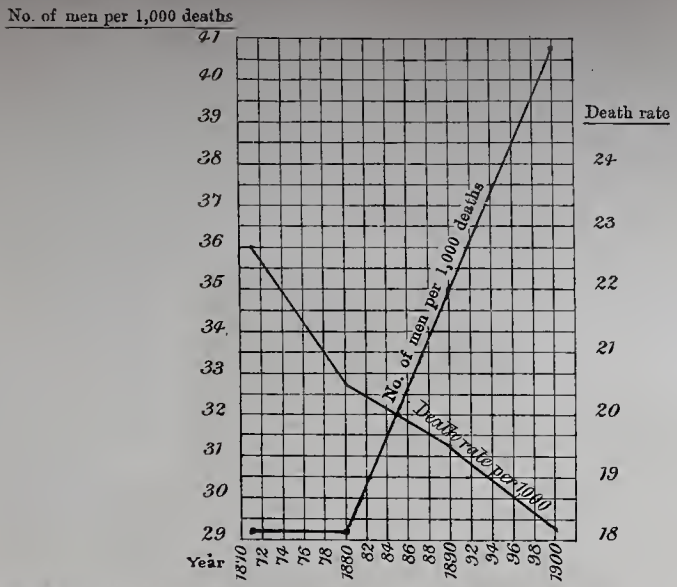
Curve showing the relative proportion of Medical men in England and Wales to the population in the years 1871 to 1900.



The figures for drawing the above curves were obtained from a Paper by Dr. W. Gordon, published in the *British Medical Journal* of May 16, 1903.

B.

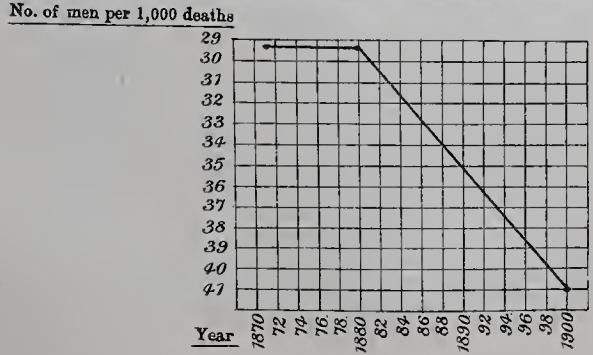
Comparison of the number of Medical men per 1,000 deaths, and the number of deaths per thousand of the population in England and Wales during the years 1871 to 1900.



The figures for constructing the above curves were obtained from Dr. Gordon's Paper in the *British Medical Journal* of May 16, 1903.

C.

Curve showing the decrease in available work for Medical men in the years 1871 to 1900 = Curve of Medical men per 1,000, reversed.



practitioner varies greatly with the district, as well as with the interpretation put on the word "maintain." Many factors enter into the question: patients paying good fees are not only likely to want advice more often, but also expect longer attention, both in length and number of visits, than those on a lower social stratum. Thus they will have relatively, as well as absolutely, larger accounts. Similarly, in a working-class district, the factors of the hospital and the clubs, as well as the nature of the general employment in the locality, will all influence the pecuniary result to the doctor. Given the absence of a hospital, few or no clubs, and constant, well-paid, skilled employment—meaning a stationary population—far fewer people will suffice than in a district where there is a large general hospital, many clubs, and discontinuous, poorly-paid, unskilled work,—engendering a shifting population.

Then, again, there is the incidence of disease. This, for various hygienic reasons, falls most heavily on the lower classes. The age and sex distribution of a place will influence this factor to a considerable extent. The death-rate of a district, although by no means a criterion of the healthiness or otherwise of a locality, nevertheless seems to be a very fair guide to the amount of sickness prevalent in that part.

It will be evident, from the foregoing considerations, that it is almost impossible to give any figures which will be in the least degree accurate. The following have no pretence to be of any real value, but roughly represent what may be taken as the lowest limits necessary. Many will consider them too low, some perhaps too high, but they represent the proportions prevalent in certain districts known to the writer, in which the medical men obtain at least a competence. For obvious reasons it is undesirable to give the names of the various districts.

ROUGH ESTIMATE OF NUMBER OF PEOPLE NECESSARY TO MAINTAIN ONE MEDICAL MAN.

AVERAGE VISITING FEES	NUMBER OF PEOPLE REQUIRED
7s. 6d. to 10s. 6d.	500 to 1,000
3s. 6d. to 5s. 0d.	1,000 to 1,500
2s. 6d. to 3s. 6d.	2,000 to 4,000
2s. 6d. and under	3,000 to 5,000 or more, depending greatly on the stability of the population and on the presence or absence of hospitals and clubs

Medicine is the least healthy of the professions. The following diagrams graphically represent the comparative mortality figures of medical men, "all males," occupied males, clergy, teachers, lawyers, and innkeepers; D. for all diseases, E. for alcohol, F. for nervous diseases, and G. for suicide. Above occupied males for alcohol, one finds medical men falling victims to nervous diseases in comparatively large numbers, but the number of suicides is simply appalling. These figures not only represent the health of the profession, but characterise it as one of great strain and endless worry. It is most regretable to find that alcoholism is so common (relatively) among medical men. Called up at all hours and in all weathers, a little taken at first to buoy him up, and later, perhaps, to drown his many cares: worried in his work, with the full responsibility of many anxious cases, and added to this, perhaps, accounts not paid, bad bills mounting up, financial troubles besetting him all round, is it to be wondered at if his nervous system can no longer bear the strain, and lunacy or chronic nervous disease finishes the chapter? With the means so near at hand, so simple and sure, is it astonishing if he is sometimes tempted to take the final leap, and to end it once and for all?

DIAGRAMS

Comparing the health of Medical men with certain other classes.

D. All causes of death.

Comparative mortality figure.

1,800
1,700
1,600
1,500
1,400
1,300
1,200
1,100
1,000
900
800
700
600
500
400

All males
Occupied males
Clergy
Teachers
Doctors
Lawyers
Innkeepers

G. Suicide.

Components of comparative mortality figure representing Suicides.

42
40
38
36
34
32
30
28
26
24
22
20
18
16
14
12
10
8
6
4
2

All males
Occupied males
Clergy
Teachers
Doctors
Lawyers
Innkeepers

The figures used in constructing these Diagrams are to be found in the Supplement to the Registrar-General's Report for 1897.

E. Alcohol.

Components of comparative mortality figure representing Alcohol

104
100
96
92
88
84
80
76
72
68
64
60
56
52
48
44
40
36
32
28
24
20
16
12
8
4

All males
Occupied males
Clergy
Teachers
Doctors
Lawyers
Innkeepers

F. Nervous diseases.

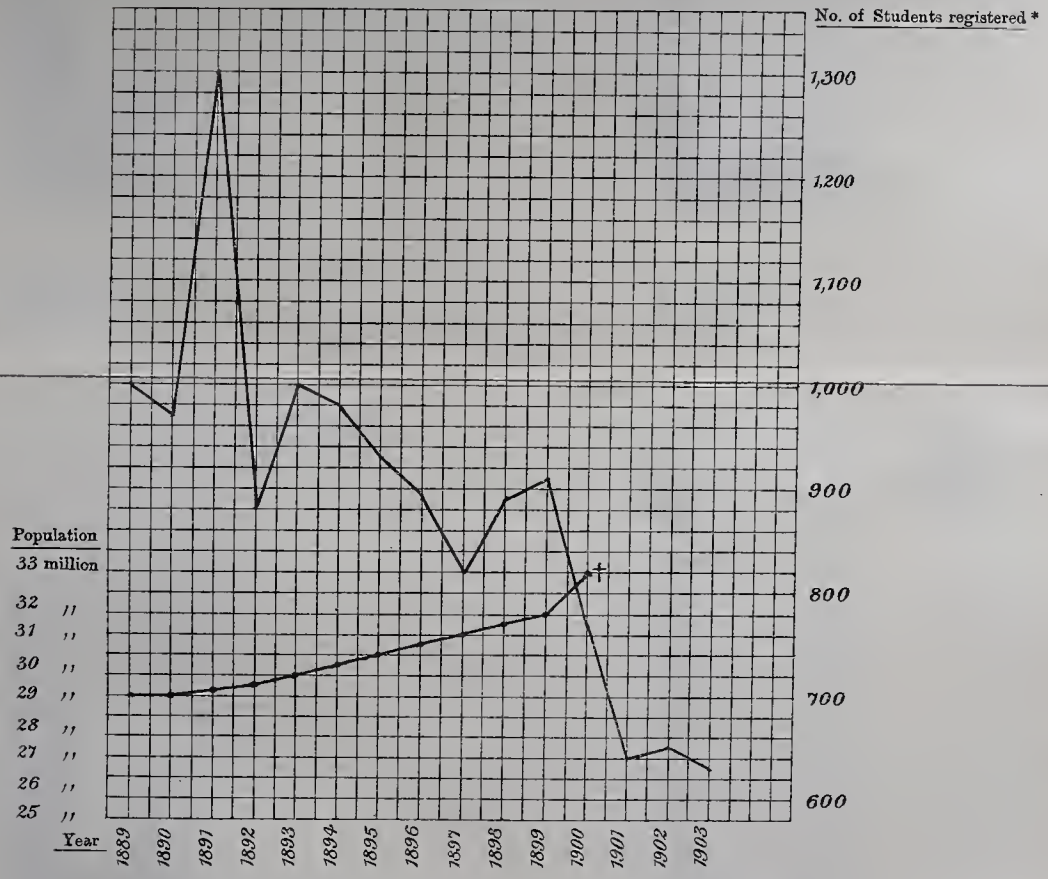
Components of comparative mortality figure representing Nervous Diseases

185
180
175
170
165
160
155
150
145
140
135
130
125
120
115
110
105
100
95
90
85
80
75
70
65
60

All males
Occupied males
Clergy
Teachers
Doctors
Lawyers
Innkeepers

CURVE

Showing the decrease in popularity of Medicine as a career, as evidenced in the relative number of Students registered each year in England and Wales since 1889.



* From the Medical Students' Register.

† Estimated population not yet obtainable.

The relationship between those entering Medicine and the general population in 1899 was roughly ·03 in 1,000

The fact that the Conjoint Board in England no longer require their candidates to be registered, may make a little but not much difference.

V.

THE PROFESSION AND THE PUBLIC.

It has ever been a precept of the profession that its members make their fees a matter of secondary importance, and it is this fact which has contributed so largely to the general respect in which medical men, as a class, are held. As long as the history of the profession is recorded, the doctor has always been ready to give his help without thought of reward, and, in a quiet and unobtrusive way, to give of his best for the sake of humanity. This question of fees is by no means unimportant : it marks the great difference between Medicine and the other learned professions. It has long been the custom, particularly in general practice, to suit the fee to the patient, so that, practically speaking, a great part of a doctor's work must be considered to partake of the nature of charity. That is to say, his remuneration is not really proportionate to the value of his services. All contract and club work may practically be taken as being of a charitable, and not of a business character. The solicitor, the barrister and the architect have a set charge for a definite piece of work, and, as a rule, do not vary these charges according to the standing of their client. But such a position would be untenable by a country doctor, perhaps the only one for miles. Medical attention is often of great urgency, and no one would suggest that the poor farm labourer should be expected to pay the same fees as the squire he works for.

Unfortunately, an idea has spread among the public that the fee, paid to the doctor, is an adequate remuneration for the services he renders. That this may be so occasionally, in the case of wealthy patients, is possible, but as a rule, questions of sickness and life cannot be expressed in terms of pounds, shillings, and pence. If they could, and really adequate fees were obtained, what large sums would find their way into the doctor's pocket ! The architect expects five per cent. on the value of the building he designs ; suppose a wealthy man were asked to pay the doctor, who has steered him through a bad attack of enteric fever or pneumonia, a similar percentage of his worldly goods, what an outcry would ensue ! No, as long as the profession lasts, the greater proportion of its members must, from the pecuniary aspect, expect to be inadequately rewarded for their labours. Other

and great rewards there are—the gratitude and respect of the public, in which the medical profession shares, perhaps, more than any other.

Another great distinction between Medicine and the other learned professions, is that the whole rank and file are constantly working to reduce their own incomes: no parallel to this can be found in Law. By vaccination, sanitary reforms, ambulance and nursing classes, but above all by the constant education of the public, doctors are continually diminishing the necessity for their own existence.

Medical men are often taunted with being lacking in business qualities. How can it be otherwise? The day when Medicine is carried on purely on business lines, will be a very disastrous one for the public: may it never come! Suppose, for the moment, one should refuse to answer an urgent night call until a banker's reference had been furnished by the would-be patient: the supposition is absurd. The very men who taunt the medicos as being unbusiness-like, are often the first to cry out when some poor over-worked doctor, practising in a working-class district, refuses to turn out in the middle of the night in response to some total stranger's request, until he has received the very moderate fee which he asks. The baker, the grocer and the butcher, sitting on a coroner's jury, think nothing of censuring the medical man who, perhaps, has so often been deceived that at last he has refused to go; yet they themselves would very soon decline to sell their goods on credit to strangers of the lower class, let alone get up from their beds in the middle of a winter's night to do so.

It is, unfortunately, true that the general public do not treat medical men with the consideration they deserve; particularly thoughtless in the way they call for their services, and exceedingly careless of the time and manner in which they remunerate them for those services. The doctor's account is thrown aside, it may be with the remark, "Oh, any time will do for him." Too often he is the first to be called, the last to be paid. Want of respect is, perhaps, one of the characteristics of the times, and in no case is it more often marked than in the attitude of the patient towards his medical adviser. Trying, first this one, then that one, too often they finally finish in the hands of the "quack." The old family doctor, who had attended at the birth of all the children, and, perhaps, of their parents also, who knew each one's idiosyncracies and medical history, and was the confident and trusted adviser on all matters affecting the welfare of his patients, is fast disappearing; his loss is a distinct one, from the public point of view.

It seems to be true that a large section of the public hold the medical profession in some fear : they seem to think that the doctor has a mysterious hold over them. This may be put down to their absolute ignorance on the most elementary matters concerning their own bodies, and to their non-appreciation of the lines on which the doctor diagnoses and treats their maladies. On the other hand, there has risen up a large class of people who, having attended an elementary ambulance class, or, it may be, a course of popular lectures on the rudiments of physiology, or may, perhaps, have cursorily read some book on domestic medicine, consider themselves fully competent, not only to diagnose and treat the commonest complaints, but even to criticise and discuss the line of therapeutics pursued by their medical attendant. It has to be recorded, with regret, that some of the worst offenders in this respect are to be found amongst the large class of nurses of various kinds.

There is still a further class to be considered, consisting of people who make a great hullaballoo and noise, but really from only a small minority of the general public. These people may best be described as belonging to the great "anti" class—anti-vaccinators, anti-vivisectionists or "anti" anything else that for the moment takes their fancy. Differing in their objects and in their methods of warfare, they have one common attribute, in the virulence of their attacks on the medical profession. No name too bad, no epithet too vile for them to hurl at the heads of the unfortunate medicos. The continual charges, which are constantly being made by certain classes of fanatics of both sexes against the most honoured and brilliant members of the profession, would be grotesque if they were not so cruel and foul. A writer in one of the medical journals has happily suggested that these accusations are the outcome of a mental abnormality (degeneration would seem to be a better term), which he aptly calls "the lust of slander."

The consideration of the relations between the profession and the public must now be gone into more fully. It will be convenient to first take up the division in which the medical man acts directly as the servant of the public,—first, contract work ; second, the various public appointments, the Poor-law service and the like.

CONTRACT WORK.

Contract work may be defined broadly as that which is undertaken by a medical man for a definite annual payment, apart from public and rate-paid appointments. This work may be of various kinds, and it will be advantageous, first, to describe briefly the forms at present extant. Generally speaking, contract "clubs" fall under one of the following heads :—

(1.) *The great Friendly Societies*, *e.g.*, the Oddfellows, Foresters, Rechabites, Rationals—*i.e.* registered societies.

(2.) So-called "*Slate*" *and Public-house Clubs.*

(3.) *Dispensaries*,—Provident and others, in some cases managed by the conjoined friendly societies, in others by the doctors themselves, or again by a committee of more or less charitably-minded people.

(4.) *Provident Clubs*, combining sick pay with medical aid, and connected with great commercial undertakings, *e.g.*, the railways.

(5.) *Commercial enterprises*, managed by laymen, and exploiting medical men, more or less directly, *e.g.*, the various Medical Aid Societies, the National Deposit Society.

(6.) *Private and "family" clubs*, under the entire supervision of the doctor himself.

(7.) *Contracts for definite medical work* between a medical man and a lay body, *e.g.*, medical officerships to assurance societies, or to manufacturing works.

Before discussing more fully the various aspects of contract work, it will be advisable to consider these classes a little more in detail.

(1.) *The great Friendly Societies.*—These form the largest class of clubs, and it is in connection with them that most of the recent controversy has arisen. Essentially and originally formed as an aid to thrift for the working-man, whereby he could insure himself against sickness and death, medical aid was later added, not only as a further inducement but almost as a necessary corollary. Each of these various societies is now obliged by law to be registered. At present these societies are believed to contain some six million people. At first men alone were admitted to the benefits, but many lodges have of late years established both female and juvenile branches. As a general rule there is no wage limit, or if there be one it is practically inoperative. The rate of pay for the medical benefits differs in various parts of the country, ranging from 2*s.* 6*d.* or even less (at Sheerness only 2*s.*) up to 4*s.*

per adult member a year—including medicine—and as a rule about half the adult fee for juveniles. The right of the medical officer to reject an applicant for admission also varies with the society and the district. The various lodges, although part of the parent society, are to all intents and purposes self-containing, and make their own arrangements with their doctors.

(2.) *The "Slate" and Public-house Clubs* are much smaller and less important concerns. Usually started by a publican who acts as president and treasurer, they entitle their members to sick-pay, medical attention, and participation in the "sharing-out" at the end of the year. As all the meetings are held at the public-house, including the final distribution of any remaining cash, the club tends to increase the publican's trade. In one instance, a definite rule has been discovered whereby every member—and this was a women's club—had to spend twopence at every fortnightly meeting, on ale. Were the member absent, the beer was nevertheless drawn and drunk by those assembled. It is evident, therefore, that chronic "alcoholics" must form a large proportion of such club patients, notwithstanding the fact that it is to the members' advantage that people with chronic ailments be kept out. These slate clubs are an excellent example of the exploiting of a medical man for the profit of an outsider's business.

(3.) *Dispensaries.*—(*a*) In many cases, owing to concerted action on the part of the medical men in a district, the local friendly societies have united and formed dispensaries. In these cases, a building is hired or bought, patients are seen either there or at their own homes, the medicine is supplied from the dispensary at the cost of the united societies and the work is done by one or more medical men specially retained for that object, who are not allowed to practice privately, and who are paid a fixed annual salary. This salary varies from £160 up to £250 or even more, and usually carries with it a residence. Examples are to be found in Birmingham, Lincoln, and Walsall. It should be noted that the doctor is merely the paid servant of the committee. His salary may rise with an increased amount of work, but more often remains as it was before. He is subject to dismissal at short notice, and since private practice has been debarred him, his livelihood, in such a case, at once vanishes.

(*b*) In other instances, dispensaries have been founded by private individuals, often with real philanthropic motives, but occasionally as commercial speculations. Here again, there is a dispensary building, and the association supplies all the necessary drugs, but the work is usually done by one

or more private practitioners in the district. These latter are paid variously ; in general, it may be stated that so much per head is paid to each medical man, according to the numbers on his list, and that this sum rarely exceeds 2*s*. per annum.

(*c*) In several towns, notably Eastbourne and Bournemouth, the local practitioners have banded themselves together and formed provident dispensaries, entirely managed by themselves. Any local medical man may be on the active staff, if he likes, with the proviso, in some instances, that he must have practised in the town for at least twelve months. Patients are allowed to choose their doctor but can only change once a quarter, or after three months' notice. The question of a wage limit has been solved in various ways. At Bournemouth a forty-shilling wage limit is imposed, while in another instance it is left to the discretion of the management. In most cases the committee consists of all the active staff and one or more outside medical men. As to fees, at Bournemouth it was found necessary to accept 4*s*. per annum from old members of the friendly societies ; others pay 6*s*. to 8*s*. per annum, according as their wages are under 30*s*. or 40*s*. per week. Wage-earning children are charged the same fees as adults ; other children are taken at the rate of 4*s*. per annum, but not more than four are charged for. All the sums paid in subscriptions, entrance fees, and the like, are divided *pro rata* amongst the medical men forming the active staff, after all drugs and working expenses, collecting, etc., have been paid. These working expenses, in the case of the Eastbourne dispensary, work out at about thirteen per cent.,—a very reasonable figure.

(4.) The various medical relief societies in connection with large commercial undertakings, *e.g.*, the *Railways and Colleries*, are of a similar nature to friendly societies. They are usually managed by a committee elected by the men, though in some instances the masters claim the right to nominate the medical officer themselves. Women and children are usually included.

(5.) *Medical Aid Associations* are found mainly in connection with insurance societies of a low standing. Originally it was found, by various companies, that medical benefits formed a great inducement to make people insure their lives. The canvasser would, therefore, call on the prospective clients and point out the benefits to be derived from medical attention for the trifling sum of one penny per week, keeping till the last the fact that this could only be obtained by first insuring their lives with such-and-such a company. The abuses of such a connection between Medicine and a lay company are obvious, and it is gratifying to record that this

form of club is rapidly becoming a thing of the past. This is directly due to the pronouncement of the General Medical Council following the precedent obtained by their decision in the Yarmouth case, in which a practitioner acting as the officer of the Liverpool Victoria Legal Friendly Society and the National Medical Aid Association, was found guilty of unprofessional conduct.

The National Friendly Deposit Society, although not exactly similar to the above, must come under this class. This Society, as well as providing sick pay, gives medical aid in a rather novel manner. It practically insures the doctor's account. The principle is excellent, but, unfortunately, the practice does not come up to so high a standard, as the basis on which the fees are assessed is totally inadequate, considering the class of person belonging to the Society.

Lastly, in one or two districts, medical benefit clubs have been organised by private individuals, solely as a commercial speculation. The proprietor pays the doctor, finds the patients, and collects the subscriptions, taking care that there is a sufficient margin to go into his own pocket.

(6.) *Private and "Family" Clubs* are managed by the doctor, who acts as the officer, himself. The patients either pay him directly, or else he employs a collector. In this case, if he pays his collector a definite salary, the latter is apt to shirk his work; if, on the other hand, he pays him by commission, the charge of canvassing is self-evident. Private clubs are not, at present, in very good odour in the profession, mainly on account of the fear of canvassing.

(7.) Some big *Manufacturing Works* pay a neighbouring practitioner a yearly retaining fee in order that they may have his services, in case of accidents occurring to their workmen. Such arrangements hardly come under the scope of "contract" work. Similarly, insurance appointments, medical referees to manufacturing works, consulting sanitary experts to various commercial undertakings, although rightly coming under the head of "contract" work, where necessary will be referred to in other parts of this Essay.

Having briefly described the various classes of "contract" work, it is now possible to discuss to some purpose the various abuses which, from time to time, have arisen in connection with these clubs. First, as to their origin; as already stated the fundamental idea of medical aid is to assist the thrifty working-class wage-earner to provide for the occurrence of sickness or accident. For a definite sum paid weekly, professional advice and medicine is assured whenever it may be necessary. The average British workman cannot count

thrift as one of his leading characteristics, and it has long been recognised that when he becomes laid aside through illness, those dependant on him will be likely to suffer, and it will be only fair to furnish him with the best means for expediting his return to work. Further, when the wage-earner falls ill, the chances of the medical man ever receiving his just dues are slight, so that the profession has long felt that it would be to their own benefit to receive a definite annual sum, though small, rather than nothing at all. From the very first, the medical world has looked on club-work as being of a more or less charitable nature, and has never considered the remuneration received as a just equivalent for the work done. But in recent years, the friendly societies have strongly attacked this view; they affirm that the relation between the clubs and the medical officers is of an entirely business character. In other words, the friendly societies hold that they pay the market price for the services they require, and that no question of charity at all enters into the situation. It has already been stated that the average annual sum paid per adult member varies from 2*s.* 6*d.* to 4*s.* or a little more. It is more difficult to exactly estimate what this represents per visit or consultation. Medical men, as a rule, do not keep accurate records of their club work. Various figures have been given, some of which are worth quoting. Thus one gentleman [1] has estimated that a visit to a club patient brings him in from 1*s.* to 1*s.* 5*d.*, while he puts the cost of conducting his practice at 1*s.* per visit. In the same practice, allowing for bad debts, he obtains an average sum of 2*s.* 3*d.* from the working-class per visit. Every time he visits a club patient he practically makes him a present of 1*s.*, and yet the latter would be insulted if the suggestion of charity were made. Similarly, in a provident dispensary [2] known to the writer, in the year 1902 four medical officers received £218 amongst them. In the same year 20,123 prescriptions were dispensed by the society, and allowing one visit or consultation to three prescriptions dispensed—a very low allowance—the medical men received about 8½*d.* per visit. Other dispensaries have been estimated to produce only 4½*d.* per visit, which is probably nearer the mark. In the same district, from the same class of people, and often from the same house, 2*s.* 6*d.* per visit and medicine is always obtained. Allowing for bad debts, bottles, and the cost of drugs the sum will represent about 1*s.* 9*d.* per visit under dispensary conditions;

[1] *British Medical Journal*, 1902, vol. ii. p. 1039.
[2] Ardwick Provident Dispensary, Manchester.

so that here again the medical officers allow each patient the sum of 1*s.* every time they visit them. Taking this low figure, these four officers in the year 1902, practically subscribed the sum of over £300 to the dispensary, but no mention of the fact can be found in the annual report, and the committee stoutly deny the allegation, that the dispensary exists only by the charity of the doctors. In Birmingham again, it has been estimated that club work brings in only 65 per cent. of what would have been obtained had the ordinary 2*s.* 6*d.* fee been charged. In regard to the various friendly societies' dispensaries, which employ resident medical men, the salaries span out to about 3½*d.* per visit or consultation,[1] although the societies receive considerably more.

Such examples could be multiplied *ad nauseam*, but sufficient have been given for the purpose. A glance through the files of the various medical journals, *e.g.*, the *Lancet* and the *British Medical Journal*, will provide as many as may be required. It is evident, therefore, that the charitable nature of club-work is proved: to press the fact home on the friendly societies is quite another matter.

Club-work in the past had certainly some attractions for the young practitioner. It provided him with experience, and kept his knowledge from "rusting," while he waited the advent of private patients. It also helped to obtain these patients, for as only men were eligible as club members, it introduced him to the women-folk and children. It thus became of distinct value to him; although he only obtained the 2*s.* 6*d.* or 3*s.* 6*d.* per year from the husband, he might receive as much as £4 or £5 for the family. The admission of women and children has altered all that. Where, in past days, the doctor, perhaps, received £4 in a year from a famliy, he will now have to be satisfied with 10*s.* or so, with an occasional extra confinement fee. The clubs have, therefore, lost their great attraction to the young practitioner, let alone the decrease of possible private work which the admission of women and children has caused. The fees paid for women and children are more inadequate than those for men. Children are usually taken at half the adult fees, notwithstanding the fact that the incidence of illness in their case is more than double that in adults.

The admission of women and children will not be withdrawn now, and any scheme which attempts to solve the problem of contract work and leaves them out, will be predestined to failure.

The problem of a wage-limit has proved a great stumbling

[1] See *The Battle of the Clubs*, published by the *Lancet*.

block, and is naturally a difficult one. First of all, if a definite weekly wage be fixed above which nobody shall be eligible for admission, many cases of hardship will occur. The single man, living in lodgings and earning a pound a week, is relatively better off than his married fellow-workman with several young children to provide for, although the latter's wage may be as much as thirty-five shillings. In different districts different wage limits will be necessary, as rents, wages and the cost of living vary so much. Unfortunately, the friendly societies refuse to impose a wage limit, or else make it practically a dead letter. A frequent occurrence is the demanding of medical aid by a member well able to pay, not only the ordinary, but in many cases exceedingly good fees. Usually he has joined as a young man, and having prospered, still continues his membership of the society. When he falls ill he sends for his club doctor, but he takes good care not to draw his sick pay. The reason is not far to seek : should he apply for sick benefit the fact is known to all the members ; his receiving medical aid is known only to the unfortunate doctor. Thus it is by no means rare for the medical man to find himself called upon to attend a patient living in a highly rented house, with servants and even horses, and after a long illness to have the satisfaction of knowing, that all he will receive is the three or four shillings, which represent the annual club subscription. Further, this class of man will not be satisfied with the attention given to the ordinary members, but expects lengthy and frequent visits. He will not be found waiting his turn in the surgery, but comes to the private door, usually "out of hours," and has even been known to suggest that the doctor should stay in, in the afternoon, to receive him and creatures of his ilk, apart from the ordinary club patients. Should he be dissatisfied with his attendant he is ready and willing to pay a good fee to a consultant, but never dreams of handing one to his club doctor. It is of no use appealing to the club committee, for the chances are that he is a shining light on that body. Being of superior intelligence and education to the ordinary working-class man, it is only natural that he is pushed into the various official positions. If it be in a village he will probably be a guardian, perhaps even a justice of the peace. The doctor is practically at his mercy, and should he object he may find some younger man imported to take his place. Such an occurrence is by no means exaggerated, nor is it rare. It must be stigmatised as a fraudulent imposture, not only on the doctor, but on the working-man as well. Some of the latter are slowly realising this fact, but so far have not

expressed themselves sufficiently strongly concerning it. With the committees of the various friendly and other societies, composed in great part of men of superior intelligence and education to the ordinary working-class member, it is not surprising that their opposition to a wage limit is so great.

The examination of all candidates, prior to admission, forms another point in dispute. In the case where sick pay and medical aid are both compulsory, the societies recognise the importance of all candidates being medically examined. In many cases, provided the first member insures for sick pay, the rest of the family can join the medical portion only, without subscribing to the other branch ; in these cases the societies are often very slack in regard to the preliminary examinations. Further, in many provident dispensaries, people already sick can obtain admission by paying an enhanced entrance fee, usually of five shillings, none of which, as a rule, finds its way into the doctors' pockets. All this is grossly unfair to the medical officer, and constitutes one of the chief abuses of club-work. The underlying idea of annual payments is that the healthy pay for the sick, but how can this possibly be if people are admitted requiring immediate and, perhaps, long attendance. One or two such cases in the year may make all the difference to the medical man's balance.

A further example of the extraordinary manner in which the friendly societies protect themselves, but absolutely fail to shield their medical officer, is to be found in the case of long and chronic illness. Most of the societies only allow sick pay for a definite period ; after that, perhaps, a smaller allowance is made for some time longer, but finally all sick pay will cease. The medical officer, however, must attend and provide medicine for the whole fifty-two weeks of the year, should it be necessary.

It is doubtful if the medical men ever receive the full total of the subscriptions due to them. If a patient dies in a quarter, the doctor often receives nothing for the weeks the former was alive. That is to say, he is only paid for a completed quarter ; in other words, his attendance during the last illness of the patient has been entirely gratuitous. Again, if a member falls into arrears with his payments, not infrequently he is allowed to join afresh as a new member. In districts where there is more than one medical officer the defaulting member is allowed to transfer and start afresh.

The working-man is always crying out about the tyranny of capital, but the moment that he becomes the master, he

is more tyrannical than the most iron-handed capitalist could ever be. Should the unfortunate servant protest, or even go so far as to "strike," he at once hurls at him, with the full force of his illogical intelligence, the very arguments that he so strongly resents when applied to himself. Some of the letters from working-men's committees, answering the courteously-worded protests of the doctors, would be thought to be, what Artemus Ward called, "writ sarcastic," if one did not know that sarcasm and irony are unintelligible to the working-man's mind. To be called to appear before a meeting of his intellectual and social inferiors, to answer the trivial conplaints of dissatisfied members, is a position both difficult and trying to an educated man. When the latter has had the skilled training which Medicine now involves, preceded, perhaps, by a university education, and when the meeting is held in the smoke-laden atmosphere of a public-house tap room, with the committee in a state of more or less maudlin inebrity, the position is too painful to contemplate, but one which many a club doctor has had to face. The whole position is degrading, and the profession, if it continues to endure the present treatment meeted out to it by the friendly societies, must expect to lose caste in public opinion. How can any man be expected to preserve the dignity of his profession and his own self-respect, if he has to labour under the conditions enjoyed as the working-man's servant! The fact that he is the working-man's servant has been made capital of by the promoters of the friendly societies' dispensaries in various parts of the country. They have pointed out how much it will be to the advantage of the members to have a doctor devoting the whole of his time to their needs, and being, in their own words, "their servant," to be censured for nothing and dismissed for trivialities.

The club doctor is no better off when his employer is a company. If the working-man has a conscience, deep down and well covered up, the companies have none at all. Not allowing their officers private practice, they have even been known, should he become too popular and seem likely to resign and take his patients with him, to introduce another man, and transfer the members to the newcomer,—in fact, to "play off" one officer against another. Even if the doctor, employed by one of these companies, be allowed private practice, he may find the latter speedily decreasing. Several cases are on record in which the agent of the company has followed the medical man to the houses of his private patients, and has later called and pointed out that they can have the same attention from the same man by insuring in

such and such a company, and paying the small sum of one penny per week.

As an example of the manner in which even large commercial enterprises sometimes treat their doctors, the Ballachulis Quarry case is both interesting and instructive. Dr. Grant was engaged by the company to be the medical officer for the quarrymen and their families. He was further induced to sign an agreement, whereby he undertook not to carry on practice in the district, should he relinquish his post. He became exceedingly popular with people of all classes; but, unfortunately, had some misunderstanding with some one of influence in the company. This someone succeeded in raising complaints against him from a few disaffected, and possibly self-interested, individuals, with the consequence that the company dismissed him from his post (1902), and ordered him to leave the neighbourhood. The latter command he refused to obey, as he was asked to remain by the practically unanimous vote of the quarrymen. The company, therefore, obtained an injunction against him (December, 1902), which required him to cease the practice of his profession in the neighbourhood. It is instructive to note that the non-practice clause has been "quashed" on more than one occasion, when the case lay between principal and assistant, but was at once upheld in this action when an outside lay company was in the question. Dr. Grant, on appeal, was allowed six months in which to withdraw from the district. The company went one step further, and insisted on all their workmen signing an agreement testifying to their willingness to have a weekly deduction made from their wages for medical aid. This was beyond doubt a most arbitrary requirement on the part of the company; the men were to be compelled to pay for a doctor whom they did not wish to employ, and were forbidden to have the man they wanted. We are always being reminded, sometimes by the so-called leaders of the profession, whenever the question of protecting medical practice is mooted, of the sacred liberty of the subject. Where was it in this case? It is gratifying to relate that the men voluntarily "locked" themselves out, and remained out for over twelve months. For over a year the quarry lay idle; but, finally, in December, 1903, the company capitulated, reinstated Dr. Grant, and raised the quarrymen's wages. Both the men and Dr. Grant are to be congratulated; as an example of tampering with the liberty of the individual the case has hardly a parallel.

Recent years have seen the formation of, what may be termed, better-class clubs, such as the various tradesmen's

societies ; the abuse of the wage-limit is more evident in these than in the friendly societies. But it remained for some ladies, in a residential London suburb, to propose the formation of a medical benefit society which would provide advice and medicine for the sum of sixteen shillings a year for husband and wife, or for thirty-six shillings, would include three children in addition. The scheme fell to the ground owing to the difficulty in finding the all important medical attendant. One gentleman at first considered the idea, but, fortunately, saw his error in time, and withdrew his support.

The absence of extra fees is a great burden on the medical officer, although in some cases extra payments are occasionally made for special services, such as major operations, but as a rule the clubs insist on having their "pound of flesh."

The various provident societies, not under the control of the medical officers, are often exceedingly injurious to the welfare of the practitioners in the district. The committees never recognise that they owe the entire success of the institution to the zeal and activity of the medical staff, and also in a great measure to their charity. When so-called philanthropists foregather to consider their schemes for the betterment of the poor, it is a noteworthy fact that they completely leave out of their consideration those very men, on whom the question of success or failure entirely rests. In the annual report of a hospital, how often does one read anything more than a formal vote of thanks to the staff. The vicar's wife, who gives a few flowers, or the wealthy tradesman's daughter who passes on her out-of-date magazines, is publicly thanked ; but the skill and time of the "honorary" medical men is taken for granted. There has been too much of this "taking for granted" in the relationship of the medical profession to the public, but the latter are not alone to blame ; the profession itself must bear a little of the censure. At the present time, the country is being told that the other nations have taken advantage of our "free-trade" philanthropy to advance themselves at our expense. How true this may be from the fiscal point of view is, fortunately, beyond the scope of this essay, but a lesson may be learnt from it. The world at large does not understand magnanimity, and the public have taken advantage of the charitable instincts of the medical profession to enrich themelves at the cost of the latter. Medical "protection" must be the watch-word ; "free-trade" has had its day, and failed.

It may be accepted, therefore, that contract work, as at present constituted, is detrimental to the welfare of the general body of the profession, inasmuch as it is unremunera-

tive, injurious to private practice, abused in its scope, and destructive of the dignity and self-respect of the medical men engaged therein.

It is also unsatisfactory from the point of view of the public good. Firstly, the unremunerative nature of the work necessitates the acceptance of large numbers of possible patients, in order that the doctor may make a livelihood. This may result in such a large amount of work to be got through, that the time available in which to diagnose and treat a given case may be totally inadequate. Even if the officer be originally an earnest and zealous worker, he finds that he has so much to do that it is impossible to do more than make the most cursory examination, and, as it is vulgarly expressed, to "jump" at the diagnosis. A few years of such work, and the probability is, that he totally gives up the idea of obtaining a real knowledge of the nature of his patients' illness, and sinks into the unsatisfactory habit of "treating symptoms" with "stock mixtures." Mistakes, even fatal ones, must frequently arise when the doctor has but two or three minutes in which to make up his mind as to the diagnosis and to dispense the medicine. The medical officer cannot be blamed; his errors are more likely to be due to lack of time than to want of knowledge. It is the system, not the man, that is at fault. Should he carry on private as well as club practice, he need be a saint to neglect the former for the latter. No blame can be attached to him, if the club patient be hurried over in order that the private one may receive more careful attention. A doctor must live, and, as it is, competition is all too keen. But where the pity is most evident, is in those cases in which he has to pay a lengthened visit to the well-to-do "clubbite," and hurry over the poor labourer, who pays the same fees, and ought to receive the same attention. The argument, that no man should undertake contract work unless he intends to conscientiously perform his work, is excellent in the abstract; but in practice it is next to impossible, unless he be content with the merest necessities of life, and with an income little more than that of one of his club patients. In many places the doctor has no option but to continue his club-work; should he relinquish it some newcomer will be introduced, and the amount of practice available, sufficient to sustain one man, will probably mean the starvation of two.

It is undoubtedly a fact that many practitioners do make their clubs pay, and it is not altogether creditable to the profession. Instead of being themselves "sweated," it is they who act the part of middlemen between the clubs and

their unfortunate assistants. Paying the latter some £120 a year, with board and lodging—say, £200 in all—they are able, by working him at topmost pressure from morning to night, to carry on the work of clubs bringing them in from £400 to £500, or even more, a year. Many of these men naturally see little or nothing of an unsatisfactory nature in the present condition of contract work; and no wonder, for they themselves reap nothing but profit from it, at the expense of their less fortunate, but none the less fellow practitioners.

Unless the yearly payments can be raised to a more satisfactory figure, contract practice must necessarily remain in a most undesirable state. What this payment should be it is difficult to determine. In various districts, and in different years, the incidence of sickness will differ greatly. From the statistics of the friendly societies, it appears that the average "bed-fast" sickness in the country is from nine to twelve days per annum per member. Taking the lower figure, and allowing only one visit every two days, this will mean 4·5 visits per annum per person; at a fee of half-a-crown a visit this works out to eleven shillings and threepence as the lowest yearly payment at which contract work could really be considered remunerative. This leaves out of count all casual advice for slight ailments. If we make allowance for the bad debts which would be made in private work, one may put ten to twelve shillings per annum as the minimum yearly payment that should be accepted. On the other hand, there are districts where the fee is less than half-a-crown a visit, but in no manner is it possible to see how any annual fee lower than eight shillings can be at all remunerative. That is to say, the average yearly payments at present in existence must be doubled.

As previously stated, "medical aid associations" and public-house "slate" clubs are so liable to abuse that it is expedient that the profession have nothing whatsoever to do with them. The whole question of contract work, therefore, becomes narrowed down to a consideration of the relations existing between the friendly societies and the various forms of provident dispensaries on the one hand, and the medical profession on the other.

To borrow a medical simile, the symptoms and etiology of the disease have been described; what of the prognosis and treatment?

The future of club-work, if present conditions remain unaltered, is not very hopeful. If the present state of affairs be allowed to go on the inevitable result must be a lowering

of the social and general standard of the profession. The working-classes will continue to obtain a greater hold over their club doctors, and consequently one of two conditions must ensue; either, contrary to the accepted constitution of society, the uneducated man will be the master of his intellectual superior, or, the status of the medical profession must sink materially. A radical change is necessary; the whole system must be altered or reconstructed, but exactly how the needful changes are to be brought about is a subject of much difficulty and discussion.

There are, unfortunately, certain facts which at present enhance the difficulty of dealing with the question of contract work. It will be as well to briefly consider these before discussing the treatment of this veritable canker of the profession.

First of all, there is the lack of unity, both in opinion and action, amongst the individual members of the profession. Competition is daily increasing, and the difficulty of earning a livelihood is continually becoming greater; so that medical men as a class are peculiarly liable to view suspiciously the conduct of a professional brother, fearing that an apparently altruistic action may hide some ulterior motive favourable to the latter's own advancement. The belittling of each other, or at the most, the "damning with faint praise" is, unfortunately, a common incident in their daily relationships. Medical men must learn to respect the honesty of each other's motives, and to trust their professional *confrères* more than they do.

"Unity is strength," and it is only by the combination of medical men that any great change can be brought about. Many doctors consider that professional combination partakes of the nature of trade unionism, and is unprofessional in the extreme; and, consequently, they refuse to countenance any such action. These gentlemen fail to realise that all great professions, with the exception of Medicine,—*i.e.*, the Services and Law,—are in reality great trade unions, or rather professional unions. The various Services and the Law are each protected by legal enactments, and that very strictly. No body is quicker to prosecute the trespasser on their field of work than the Incorporated Law Society, but protection of medical rights is of the very flimsiest. It is this lack of unity which so far has prevented the "club" question from being solved. Quite apart from those medical men who refuse, on the score of equity, to join the various unions which have been formed, there remain what the working-class man would call the "black-legs,"—those doctors who, when the medical men in a district have refused to

undertake the contract work, except at certain fees, step into the breach, and in spite of all the pressure brought to bear on them, accept the position, and thus help the friendly societies to win one more victory over their medical officers. These men, as a rule, are either young and inexperienced, in which case they have often taken the post in ignorance, and promptly resign on the facts being represented to them; or else they are impecunious and thriftless, often middle-aged men, faced with the alternatives of practical starvation. What is to be done with these "black-legs"? At present nothing can be done beyond the bringing to bear of personal and social influence, both of which are often of little use. The General Medical Council has practically no power, and does not seem inclined to use the little it possesses; but as long as the importation of such men is possible so long will the "contract" question remain unsolved.

Those more fortunate members of the medical profession, the consultants, the specialists and those in first-class general practice, ought to hold out a helping hand to their brethren in the lower ranks. Although the question of contract work can only interest them indirectly, yet, by its effects on the general status of the profession, it is to their interest to aid those directly interested to the utmost. When it has been decided as necessary to the welfare of the profession, that a certain member shall be both socially and professionally ostracised, this decision should be upheld by the consultants, as well as by the general practitioner. The ethics of "boycotting," especially where the public weal is affected, are naturally rather complicated; and although in some instances harm may accrue to the patient from such an action, yet this must be rare, as in all cases of great emergency the rule is allowed to lapse. The great object of "boycotting" a member of the profession, who has transgressed against the unwritten ethics, is to point out to the public that he is, so to say, "beyond the pale," and this must necessarily fail, if he can obtain the aid of the best consultants as easily as his neighbouring practitioners. The "liberty of the subject" has been and is a great cry, but the fallacy of the doctrine is daily becomming more and more evident. Be it in evolution, politics, or sanitation, the interest of the individual must give way to the welfare of the community. So in Medicine, even if the liberty of the individual practitioner be, in some instances, curtailed, the good of the profession in general should be the first consideration.

What has been done so far to alter the present state of affairs? The merit of instituting what has been aptly termed

the "battle of the clubs" belongs to the Emerald Isle, for it was at Cork that the fight was first begun and most strongly waged. Following the Hibernian example, many pitched battles have been fought out in various parts of the country, ending in victory, defeat, or compromise. Where defeat has ensued the cause has always been the importation of some outside medical man, and the consequent futility of the action of the practitioners concerned. It would be tedious and would serve no good purpose to enumerate in detail the attempts which have been made in various towns—*e.g.*, Cork, Eastbourne, Benhill-on-Sea, Leicester, Folkestone, etc.—to solve, at least locally, this difficult question, but it may be advantageous to indicate the lines on which concerted action has been carried out.

In every case, the first necessity has been the union of the various practitioners involved. This has been obtained by the formation of medical unions, in some instances entirely new institutions, but commonly merely new departures of established societies. By means of these unions the opinions and wishes of the practitioners in the district were obtained, and unanimous and concerted action was made possible. Following this, at an auspicious time the various friendly societies and clubs were notified that their medical officers would cease to act for them after a given date, unless they were willing to rectify the various abuses pointed out. In some cases it has been merely a question of the annual payment required; in others, wider changes have been involved. Up to this point, in almost all instances, the proceedings have been exactly similar, and further action has depended on the replies received from the various clubs.

In some instances, unfortunately few in number, the societies have agreed to their medical officers' demands; in others a compromise has been arrived at. In the majority of instances, however, the friendly societies have strenuously denied the right of their medical officers to demand any changes, and have banded themselves together and formed dispensaries, importing their medical officer from outside. Thus, where defeat has followed, it has to be ascribed directly to the conduct of a medical man, but even in these cases the local practitioners have sometimes eventually gained the day. Either the imported doctor has been won over, or else he has proved so unsatisfactory that the membership of the friendly societies' dispensary has rapidly diminished. In several instances the medical men have recognised the importance of providing some alternative, and when their overtures to the friendly societies have been rejected, have themselves formed

provident dispensaries, as previously described. Notable instances of this are to be found at Cork, Bournemouth, Eastbourne, and in many other places. In some instances the officers of the friendly societies have been able to "carry over" to the new provident dispensaries practically all their patients, and the latter soon see the desirability of belonging to a society managed by the medical men, rather than by a lay committee. An essential feature of the formation of such a dispensary is, that every doctor joning the medical guild or union shall give up entirely all other clubs, or at least, shall not take them at a less annual subscription.

There are three essential factors, which must be thoroughly recognised by the profession, if the "battle of the clubs" is to be brought to a successful issue. First, it cannot be too strongly urged that it is absolutely necessary to win over the working-classes to the side of their doctors, by showing them that the benefit of the movement will accrue as much to them as to the medical men concerned. Working men, as a class, have an ingrained love of fair-play, and though they may be led away by paid agitators, yet once they are convinced of the fairness and justness of any demand, they may be trusted to assist in its furtherance. Secondly, whatever alternative scheme be proposed, it is essential that its management shall remain entirely in the hands of the profession, and not in that of outside lay people. Lastly, absolute unity of the medical profession, in all its branches, general as well as local, is of paramount importance. Unless this can be obtained all schemes will be predestined to failure, and the whole question had better be left *in statu quo*, lest a worse position be induced. This unity must comprise all the classes of the profession,—consultants and specialists, as well as general practitioners. Little or no help can be looked for from the General Medical Council as at present constituted; first, because its powers are so limited, and, secondly, because by its constitution it represents bodies only very indirectly affected by the question of "contract work." To trust to it would be to "lean on a broken reed," and until some radical change takes place, either in the selection of its members, or in its powers, it will be a wiser course to treat it as a negligible quantity.

"Club-work" having come, will remain, at all events in some form, for many years to come; so that it seems to the writer that the most profitable course to pursue is one which has for its object the handing over to the profession of the management of the clubs. By such a course alone is it possible to raise contract work from its present undignified level to

a higher standing, and to deal in any adequate way with the various abuses that are constantly being brought to light. Increased payments, and other concessions, granted by the friendly societies, can only be considered as temporary compromises. It is rather to the formation of provident dispensaries, accompanied by the relinquishing of all other clubs, that the writer looks for the surest way out of the difficulty. Differing in details, the dispensaries already formed by various groups of practitioners have one common characteristic, in that the governing power is entirely in the hands of the medical men themselves. Such dispensaries have already been referred to, but the lines on which they should be formed may be more fully described here.

First, it is essential to have practical unanimity amongst all the local practitioners, so that all other clubs may be given up, and the members brought over to the official dispensary. Some building must then be acquired for the use of the staff and the dispenser, and each officer will have his own hours for attending there. Any medical man should be eligible to serve on the active staff should he so desire, with one proviso, that his appointment shall be subject to the committee's approval. This is important, as without such a rule it would be impossible to keep out any "black sheep" of the profession who might apply, and whose presence might tend to lower the standing of the profession. The committee should consist of all the working staff, together with one or two representatives of the local medical society, not engaged in contract practice. If one or two working-class representatives of the members be added, the latter will feel that they have some share in the management of the dispensary. A collector has to be employed, but great care must be taken that he does no canvassing, although when all the practitioners of a town are on the staff far less harm would result than in the present state of contract work. The wage limit, above which no one shall be eligible for admission, must be fixed according to the requirements of the district; a sliding scale of payments may be expedient, any doubtful cases being decided by the committee. At the end of each quarter the surplus money, after all expenses have been paid, will be divided amongst the various members of the staff, according to the number of names on their list. Members will be allowed to choose their medical attendant, but will only be permitted to change after giving three months' notice, and not during illness. The committee should reserve the right to expel any member at their discretion.

The institution of such a dispensary is not a very difficult

matter in a moderate sized town, with under fifty practising medical men; in a town of over 100,000 inhabitants the difficulty of getting the doctors to act in unison is great, but still time and patience, and the example of small towns, will work wonders. In the country, provident dispensaries would have to be formed for districts, and each officer will necessarily do his own dispensing. In this case the members will notice little or no difference foom the old arrangements.

It will be noticed that the admission of women and children has been presumed, and it is difficult to see how this can possibly be avoided at the present time. But some little help may be obtained by raising the annual payments. Thus, a woman ought to pay at least one-third as much again as a man (compare insurance premiums), and a child certainly not less than two-thirds of the adult payment. As to what the actual fees should be has already been discussed. It is a good rule, adopted in many dispensaries, that the whole of a family must join, thus preventing the sickly child from becoming the sole member. Extra payments, for accidents and operations, are important, and might be modelled on the Poor-law scale. The admission of those requiring immediate attendance is met in some places by an enhanced entrance fee, but this is hardly fair. The postponement of all benefits for three months or so would probably prove a safer rule; exceptions might be made in the cases of new residents, who have been members of similar institutions elsewhere.

Once such a dispensary has been formed in a district the gain to the profession, and also to the public, will be great; the former having matters in their own hands will no longer feel themselves under the dictatorial commands of a working-men's committee; the latter will find that they receive as much, if not more, attention than before, and that they no longer have to suffer through the attention required by their better-class fellow-members.

Whether this or some other scheme be found to be the most expedient, yet, in the writer's opinion, the underlying principle will be the same, namely, that in the future the management of all "contract work" must be in the hands of the profession itself.

VI.

THE POOR-LAW SERVICES.

The care of the poor has always been a vexatious and difficult question. In the Middle Ages there was no definite system of relief, and the pauper looked entirely to the monastries for succour and help in his hour of need. The first Act for the relief of the impotent poor was passed in 1535 (27 Henry VIII. c. 25), which provided for collections being made in the various parishes for this purpose, but compulsory contributions really date from an Act passed in 1572 (14 Elizabeth, c. 5). This latter may be taken as the first real attempt to deal in any adequate fashion with the problem; and every few years since, fresh legislation has been introduced dealing with some part or other of the question, down to the various Local Government Acts at present in force.

At the present time the care of the poor devolves on the various Poor-law guardians, elected by the ratepayers, and responsible to the Local Government Board of England, Scotland, and Ireland, as the case may be. The acting officers of the guardians are the relieving officer and the medical officer—the "parish doctor" as he is commonly called. It is the latter that it is proposed to consider here.

Poor-law medical appointments may be divided into two classes:—

(i.) "*Whole-time*" *appointments*,—the superintendentships and assistant medical officerships of the larger Poor-law infirmaries of our important towns. Birmingham has also certain "whole-time" parish doctors.

(ii.) "*Part-time*" *appointments*,—private practice being allowed,—the usual parish and workhouse appointments.

In the various countries, the tenure and nature of the appointments differ somewhat. Briefly, these differences may be stated thus: In England, there is fixity of tenure, a certainty of superannuation, and, as a rule, the appointment of public vaccinator is given to the Poor-law officer. In Scotland, especially in the Highlands, there is no fixity of tenure, no superannuation, and private practice, though allowed, is often non-existent. In Ireland, although there is more or less fixity of tenure, there is no guarantee of superannuation, and the same remark applies to private practice as in Scotland.

Space will only allow a very brief consideration of the salient features of the services.

(*a*) In England.

In England the Poor-law officer is appointed by a majority of the local guardians, and although he can be suspended by them, can only be removed by the action of the Local Government Board. His appointment is permanent, that is to say, it cannot be made for a limited period only. All this gives a security and fixity of the office, which is excellent.

As a general rule, his district must not be larger than 15,000 acres, nor have a population of more than 15,000 people. Except in the case of the Metropolitan, and some large provincial Poor-law infirmaries, the same medical man may be, and usually is, appointed for both a district and the workhouse. As previously stated, it is very usual to appoint the parish doctor as public vaccinator. In many cases it would seem that this is done as a bait wherewith to entice the candidates for the more arduous post, but it must be remembered that the tenure of the public vaccination appointment is dependent on the goodwill of the guardians. This latter fact gives the guardians a very decided and regretable hold over the Poor-law officer; should he do anything not exactly to their liking, in his Poor-law work, he must remember that he runs the risk of losing, not his parish appointment, but that of public vaccinator. This multiplication of offices is occasionally carried further. Some two or three years ago, the guardians of a certain district advertised for a medical man to undertake all of the following appointments :—

(i.) The parish appointment for an area of 8,000 acres, with a population of 3,000 people.

(ii.) To visit, at least twice a day, the workhouse and infirmary, containing over 200 inmates.

(iii.) To visit some cottage homes, two-and-a-half miles away, at least twice a week.

(iv.) To do all the necessary dispensing, and to attend all the workhouse staff, free of charge.

For all this work the total salary—including extras—came to £288 per annum, out of which sum the doctor was to provide a house, and to connect it by telephone with both the workhouse and the cottage homes.

The appointment of the officer by the local guardians, to anyone at all conversant with the class of men who compose the average board, is by no means satisfactory. Totally

unable, even if they desire it, to distinguish at all between the merits of the various candidates, the appointment, in spite of the "no canvassing" clause, practically always goes by favour. Once appointed, the doctor's lot is by no means an easy one. The petty tradesman, who has finally reached the dizzy height of a seat on the local board of guardians, is particularly fond of airing his importance, and finds a peculiar relish in using to the fullest the opportunities, which his position gives him, of dictating his will to a man who is his social superior. It has been suggested that the appointments should be made by the Local Government Board itself, rather than by the guardians. This seems impracticable in the present condition of the service. What might be more feasible would be the appointment of a skilled assessor to assist the various boards in discriminating between the merits of the respective candidates for any post. Should the guardians appoint anyone in direct contravention of this skilled advice, then the Local Government Board might well step in. At present the latter authority sanctions any appointment, provided the successful applicant possesses the necessary qualifications.

The work required from the parish medical officer may be briefly summarised thus: he must be prepared to attend and give medicine to any one, provided by the relieving officer with the necessary order, either at his own or the patient's residence, as the needs of the case call for. That is to say, that he becomes the medical attendant to anyone, applying for such assistance under the Poor-law enactments. He has to keep a careful record of all his visits and cases in a book provided by the guardians. He may also be responsible for the care of the workhouse inmates, and particularly for those in the Poor-law infirmary. He is usually paid a fixed annual salary, but is allowed extra fees for certain cases, *e.g.*, confinements and accidents. In the former a fee of ten shillings is usually allowed, but for a difficult case involving the use of instruments as much as two guineas may be obtained. It is not surprising, therefore, that a body of men with the inclination and intelligence of the average board of guardians, should occasionally charge their medical officer with the unnecessary use of instruments in these cases. So much contention and unpleasantness has arisen in various parts of the country, that the majority of the medical men employed in parish work would prefer to see a uniform fee of one guinea per case for all confinement work.

The relative amount of work that has to be done by a

parish doctor, naturally varies in different parts of the kingdom. One such gentleman[1] estimates that he gets about thirteen pence per visit, with medicine, in the town portion of his practice, and that the country work comes out at under threepence-halfpenny a mile. The appointment of parish doctor cannot, therefore, be considered a very lucrative one, and were it not for the usual addition of the vaccination fees, few candidates would be found for these posts. Further, many practitioners consider that these appointments are detrimental to their private practice. There certainly seems to be a prejudice against the parish doctor among certain people. Contrary to what one would expect, this is often strongest amongst the working class; it may be that they fear that their neighbours, seeing the parish doctor at the door, will think that they have had to apply for relief. The better-class people again,—particularly those who have risen in life,—sometimes object to the presence of the Poor-law patients in the surgery or waiting-room. This leads either to the former seeking another medical attendant, or else to somewhat harsh treatment of the unfortunate paupers.

Ever since the days of Charles Dickens, the popular idea of a parish doctor is a rough, uncouth, inconsiderate man. The choice of the guardians is not always wise, nor is this to be wondered at when the *personnel* of the latter is considered. Here and there, there must be men who have yielded to the temptation to make the post as much of a sinecure as possible. The relative value of the parish appointments in England varies inversely as the officer's popularity with his pauper patients. The less popular he is, the less work he will have to do. It behoves the guardians, therefore, to safeguard the interests of the poorer classes by appointing, not only a capable man, but one who is also of irreproachable repute.

The relieving officer is sometimes a difficult person for the parish doctor to work with. Being almost an autocrat in his relations to the poor, he sometimes acts in a similar manner to the medical officer. Patients can only obtain medical attention by his written order; but, although in granting the latter he is merely acting as a clerical representative of the guardians, he is apt to magnify his position into that of the doctor's master, to say "go and he goeth—come and he cometh." One relieving officer—whom we may name Jones—used frequently to send such messages as the following: "Mr. Jones will send Smith (the doctor) to see

[1] *British Medical Journal*, October 24, 1903, p. 1095.

you." Although many of these men are apt to prove in some such manner their direct descent from Mr. Bumble, one must not forget that quite as many, if not more, are exceedingly kind to the poor, and courteous in their relations to the medical officer.

Superannuation is now provided for in the case of the English Poor-law officer, and is obligatory on the board of guardians, provided, of course, that the former has not "contracted out," thus saving the four per cent. deducted from his salary towards his pension. Of recent years the Local Government Board has urged on the guardians the necessity for the provision of the more expensive medicines, *e.g.*, quinine, by them, instead of requiring the parish doctor to do so. Some boards have attempted to reduce their officers' salaries, already sufficiently meagre, in consequence of the latter no longer having to provide these drugs. This is particularly unfair, as reduction of the salary means reduction of the ultimate pension.

The pension obtainable is certainly not large in amount. Take, for example, the medical superintendent of a large infirmary with an annual salary of £400, and emoluments valued at £100. He will have had no opportunity of private practice, so that his savings will be small. Suppose that he retires at sixty-five years of age, after thirty years' service, his pension will amount to £250 per annum, by no means a large sum. In the case of the ordinary parish doctor, whose salary was £100, the same length of service will entitle him to a pension of £50 per annum. Still, a little is better than nothing, and the English Poor-law officers may congratulate themselves on being in a much better position than their brethren in Scotland or Ireland.

On the whole, the parish doctors in England have little really to complain of, apart from the tendency all boards of guardians have to treat their officers in a high-handed manner. The salaries are certainly small, but compare fairly favourably with the fees obtained in "contract work;" higher remuneration ought to be one of the earliest reforms. It seems probable, however, that the whole of the Poor-law administration will have to be seriously reconsidered within the next few years. The possibility, and even frequent occurrence, of the poor dying without medical aid or pecuniary assistance, combined with the numbers of able-bodied paupers to be found in our workhouses, demands close attention. The subject is, however, beyond the scope of this Essay.

(*b*) In Scotland.

The first difference between Poor-law medical relief in Scotland and that in England or Ireland, is to be found in the fact that the appointing of a parish doctor by the local bodies is voluntary, and not obligatory. It is in the Highland districts particularly that reforms are most needed. There are stated to be still sixty-two parishes where no such appointments have been made.[1] Although a grant is made from the Imperial funds towards the necessary expenditure, still in some districts the local rates cannot support the drain of even the small sum which is considered sufficient remuneration for the medical officer. In some of these districts the local "lord of the manor" has come forward, and guaranteed a certain sum yearly, for the officer's medical attendance on his tenants. This at once places the latter in a trying position, for he finds himself called on to serve two masters,—always a difficult, and often an impossible task.

Briefly, there are four points which require consideration, —first, the smallness of the salaries, considering the sparseness of private practice; second, the insecurity of tenure; third, the need for superannuation; and fourth, the lack of suitable house accommodation.

In the majority of Highland districts the population is so scattered, that remunerative practice is often unobtainable. The doctor has, therefore, to look to his parish appointment as practically his sole source of income. The absurdity of some of the salaries may be illustrated by that to be obtained in the Island of Evay. There is a population of 643 souls in the island. The parish provides a house, and a salary of £60 per annum. All the inhabitants, other than paupers, belong to a medical association which pays the doctor £20 a year, and fees on the following scale: one shilling for day visits and three shillings if at night, with small extra fees for medicine. The total amount that can be earned per annum has been placed, by a late holder of the post, at £160, out of which the doctor must provide and keep a pony and trap.[2] To expect any man who has received the technical education that Medicine now requires, to work day and night, in all weathers, for the total remuneration of £160 per annum,

[1] Report of Departmental Committee of the Local Government Board for Scotland, 1903.

[2] *British Medical Journal*, vol. ii., 1902.

is hardly rewarding the labourer according to his worth! It is all very well to say that the appointments are only "part-time" posts, and that the salaries are commensurate with the amount of work required. Private patients who can really afford to pay good fees are so few and scattered, that it is often impossible for the doctor to earn a decent livelihood. Further, there are a considerable number of people who cannot afford to pay a proper fee, likely to be fairly large if allowance be made for mileage, but who are far removed from the pauper class. The medical officer might well receive a retaining fee to enable him to attend these people, at charges within their means. The report, already cited, mentions one or two cases of people being pauperized through having to pay a doctor's account, the distance which the medical man had to travel to visit them accounting for the largeness of the fees. Such cases must be very rare, or the honesty of the Highland people must be unique. In other parts of the country the patients would merely neglect to pay, and trust to the doctor's good-will and charity not to sue them in the county court. The question of salary involves, therefore, not only attendance on the pauper class, but also on the crofters and small farmers.

Attention may briefly be drawn to the large per-centage (51 to 70) of uncertified deaths in the Highland districts. This means that every year numbers of people die without any medical attention; how many more pass through less severe illnesses without the comfort and help that medicine can give, is unknown. The reason is to be found in the lack of medical aid. Either there is no parish doctor, or the patients, being above the pauper class, live so far from the nearest doctor that they cannot afford to send for him until too late.

The appointments are made by the local authority, and are terminable at short notice, with or without reason. The tenure is absolutely insecure. Should the doctor be also retained by the local landlord to attend the latter's tenants, dismissal from either post will necessitate his resignation from the other. Further, dismissal may come at any moment, and for the most trivial causes,—often no reason is assigned at all. Under the rule of men of limited intelligence and less education, the doctor finds himself constantly hampered and interfered with, first on this side, then on that. Should he order a pauper invalid diet, he may find his wishes vetoed by his board, or by the local Poor-law inspector. In the years 1895 to 1901 sixteen officers were dismissed by Highland parish councils, and in ten instances no reason

was assigned.[1] In the years 1896 to 1902, forty-two per cent. of the Highland parish councils changed their medical officer at least once,—in one case, seven times in the seven years.[2] What further need be said to urge the absolute necessity of more security of tenure in the appointments. If the dismissal required the approval of the Scotch Local Government Board, a great point would be gained. As it is, the doctor dare not do anything to vex the local council,—dare not even do his duty. These bodies have no sense of gratitude; after many years' work they have dismissed the doctor because a younger man,—presumably commanding local influence,—has settled in the district. This leads to the consideration of superannuation. At present, with the insecurity of tenure, there is no suggestion of any pension scheme, nor would it be possible until such security is obtained. When the latter reform is taken in hand it is to be hoped that the authorities will arrange some scheme whereby the parish doctor may be assured a pension, when age and ill-health unfit him for his arduous and responsible duties.

A minor complaint is to be found in the lack of house accommodation for the parish doctor. Often no house is to be found, or if one exists it is quite unsuitable. In many instances the medical officer is required to rent some insanitary and almost uninhabitable building from the parish council, further reducing his scanty income, particularly if at the end he cannot live in it.

Enough has been said to show that the Scottish parish doctor's lot is not a happy one. He has one advantage over his Irish brother, however, in that a departmental committee has recently recommended the institution of the reforms indicated above. One can only hope that speedy legislation will be obtained, to carry these recommendations into effect.

(*c*) In Ireland.

In considering the English Poor-law service, we found that the complaints were mostly of a minor description; then, in the Scottish Poor-law service we saw that there are many urgent reforms necessary, but that brighter days seem to be dawning. We now pass on to consider the Irish service, in which the present conditions are exceedingly unsatisfactory, nor does there seem any immediate prospect of improvement.

It was in 1837 that certain boards of guardians were first

[1] House of Commons Return, August 8, 1902.
[2] *Ibid.*, August 13, 1903.

empowered to provide medical relief for the poor under their charge; but nothing further seems to have been done, until, following the ravishing of the land by the plagues of famine, typhus and relapsing fevers, the Medical Charities Act came into being (1851). This Act divided up the various unions into dispensary districts, and dispensary doctors were appointed for each district. At first, relief carried with it disenfranchisement, but this, which naturally acted as a deterrent, was later abolished. From time to time various extra duties, carrying some slight additional salaries, were added. Thus, in 1863, the medical officers were appointed registrars, receiving one shilling for each birth or death, or sixpence for each marriage certificate; in 1879, the vaccination fees, previously one shilling, were raised to two shillings; and, in 1874, each doctor became the medical officer of health for his district. Finally, the Local Government Act of 1898 greatly increased the arduousness of the officers' work, both professional and clerical, but neglected to augment the salaries. Extra fees may be earned for signing lunacy certificates,—they are stated to average about fifty shillings per annum; the more fortunate members may be appointed surgeons to the Royal Irish Constabulary, which pays the very good sum of twenty-four shillings per man per annum. New districts have been formed, and seeing that the population has decreased, the average salary has not been bettered thereby. The figures given are as follows: In 1866 there were 785 officers with an average salary of £90; in 1900 there were 815 officers with an average salary of £100; The present gross average salary works out at more, on account of the extra appointments, and may be stated at about £140, made up thus:—

As Poor-law Officer	£100
,, Public Vaccinator	10
,, Medical Officer of Health	27
Lunacy and other Fees	3
	£140

The existing constitution of the service may be summed up as follows:—At the head is the Local Government Board, under the titular presidency of the Chief Secretary, but really governed by a vice-president with a salary of £2,000 a year; with the latter are the medical commissioner and one other member. This medical commissioner, to all intents and purposes, is the chief in command of the Medical Poor-law Service. Under his orders are seven medical inspectors, two for infirmaries, and five for the dispensary services,—each

drawing salaries of £500 to £700 a year. Below these are 159 infirmary doctors, appointed under the Poor-law Act of 1841, and 810 dispensary officers.

The appointments to the dispensary posts are made by the boards of guardians; applicants are chosen as often for their religious and political views as for their medical attainments. The better man has little or no chance, if his rival's politics are more pleasing to the guardians than his own. Unfortunately, one hears rumours of extensive bribery, besides the usual "wire-pulling,"—so common a feature at all similar elections. All this must prove detrimental to the welfare of the poorer classes, and to the efficiency of the service.

The duties of the dispensary doctors may be briefly summarized thus:—

(i.) *Medical duties.*—To attend at the dispensary, and to visit the patients at their homes.

(ii.) *Sanitary duties.*—To act as the medical officer of health for the district. As a rule this portion of the work is light, not from inclination or slackness on the doctor's part, but from the hopelessness of getting any of his schemes or reforms carried out.

(iii.) *Registration duties.*—To act as registrar of births, marriages, and deaths.

(iv.) *Vaccination duties.*—To act as public vaccinator.

(v.) Constabulary, certifying, factory, coastguard, and light-house duties, as necessity may require.

The remainder of his time,—supposing he has any,—he may devote to private practice,—should any be obtainable.

As in the English service, the guardians can suspend their officer, but the Local Government Board alone can dismiss him. The grievances of the service,—and they are many,—are of long standing; they may conveniently be considered under the heads of salaries, holidays, superannuation, clerical and dispensing work, and residences.

Salaries.—The average salary of the dispensary doctor has been stated to be about £140 per annum. Of this the Imperial Government originally paid half. Since the relief of the landlords of their liability to pay half the local rates, however, the share falling on Imperial Taxation has risen to three-quarters. The remainder of the salary is derived from the local rates. For this salary the medical officer has to attend professionally to the poor of a large and scattered district, necessitating his keeping one or more horses. Medical relief is obtained by the "ticket" system, which naturally

leads to many abuses, one of the least of which is that people, well able to afford a reasonable fee, are found obtaining gratuitous medical aid. In fact, as in England there is considerable abuse of the hospitals, in Ireland there is the same abuse of the dispensary aid. This reduces in scope any private practice which the doctor may be able to obtain, and as this is often of the meagrest description, such abuse mitigates strongly against his chances of earning a decent livelihood. Out of this £140, it would be no exaggeration to put aside £100, to pay the necessary expenses of his appointment. This leaves him only £40 to live on, plus what he can add from private practice. In the more remote parts of the country, patients who can really afford to pay him are necessarily few in number, so that he must look to his official salary for his sole means of living. It is evident, therefore, that the present rate of pay is totally inadequate, and the most urgent reform of all is the raising of the salary to a minimum of £200 a year. The guardians have no real power to increase the salaries, and the Local Government Board have certainly not encouraged them to do so up to now. In fact, the latter body has recently positively refused to sanction the proposal of the Dublin Corporation, which wished, on account of new and extra duties, to augment the salaries of their dispensary medical officers.

Holidays.—The dispensary officer, being placed in the awkward predicament of having to serve two masters—the Local Government Board and the guardians—whose wishes on many points are diametrically opposed, often falls foul of one or other of them. The guardians, having once appointed their officer, have little or no real power over him, and thus it comes about that when they wish to express their disapproval of his conduct, they wait more or less quietly until he applies for his annual holiday. Now, the present regulations allow the guardians to give an annual vacation of four weeks to their medical officer, and to provide a substitute for that time; but, unfortunately, it is not obligatory on them to allow as long as four weeks, a fact which has lately been endorsed by a court of law. So, should the officer have been so unfortunate as to have gained the animus of the guardians, he finds that his application for leave results in his holiday being cut down to a fortnight, or even less, and every difficulty placed in the way of his obtaining a substitute. It should be obligatory on the guardians to grant a full month's vacation, and to provide and pay a substitute for that time.

Superannuation.—When, from age or sickness, the Poor-law

doctor wishes to resign, then it is that the power for good or ill possessed by the guardians has full play. Woe be, then, to the man who has drawn on himself the ill-will of his board, for on them entirely depends the question of a superannuation allowance, to grant it or withhold it. Even should a pension be voted, it may be so small as barely to suffice for the plainest necessaries of life. This, of all, is the crying scandal of the Irish Poor-law service, and has led, and must lead, to many truly pathetic and heart-rending incidents. The scarcity of private practice renders any chance of saving from such a source impossible. Thus there are men, full past their three score years and ten, still grinding out their lives in the daily round, in all weathers and at all times, until, it may be, like one within the last few years, they fall by the roadside and are carried home to die. Or, like another, who, at seventy-five years of age, was granted an absurdly small pension, before a year was out, harassed on every side by debt, unable any longer to gain even the very necessaries of life, grew more and more despondent and sick at heart, until finally he ended it all in—suicide. Fifty years hard service for his country, night and day, and then to be faced with the awful alternatives of starvation or death, seems hardly an appropriate termination to a life.

As one would naturally expect, the rules and regulations of the Local Government Board involve a considerable amount of purely clerical work,—many returns and reports, the weighing and sampling of drugs for analysis, all of which are great ties to an overworked and underpaid man. Beyond all this, each officer has to do his own dispensing, no matter how large his district. The dispensary house, such a strong attraction in the abstract, in practice consists of anything from one or two rooms at the local inn to a broken-down, insanitary, and almost uninhabitable cottage or small house. The guardians are certainly empowered to borrow money to build their officer a suitable residence, but the restrictions as to the repayment of the loan are so strict, as to discourage the most enthusiastic board from embarking on the venture. Greater freedom from purely clerical work, a dispenser in the larger districts, and a suitable and well-built residence, are all reforms of urgency.

It would require the pen of a Dickens to adequately deal with the various ways in which the Irish boards of guardians constantly add to the burdens of their officers' lives, but a case in point may be cited in the recent Granard Union scandal. The medical officer of the Granard Union Infirmary laid many and repeated complaints against the system of

nursing adopted in that institution. The nursing staff consisted entirely of Nuns, assisted by pauper ward-maids. The former, however excellent and conscientious in intention, could not be said to have any real technical training, and there were many duties, which naturally fall to the lot of nurses, which they felt could not be undertaken by them. The medical officer wished to make a requisition of a fully trained nurse, but this was promptly disallowed by the guardians. This having occurred on more than one occasion, and the doctor being extremely dissatisfied with the general nursing arrangements, he naturally complained, perhaps a little strongly, but certainly in no manner which the facts did not warrant. The result was a sworn inquiry before the Local Government Board. So far, everything may be said to have proceeded on more or less correct lines, but, at this juncture, the guardians saw fit to vilify and abuse their medical officer, and even went so far as to suspend him from his duty. This suspension was very properly removed at once by the Local Government Board, and the result of their enquiry was a complete justification of the charges by the doctor. Subsequently the Nuns resigned, and left the infirmary, acting under the orders of their Bishop, who, apparently, considered the enquiry as a direct insult to his Church ; and the guardians have left no stone unturned to render miserable the lot of the medical officer, and, if possible, induce him to resign. The case is of interest as showing how, in the Emerald Isle, whatever be the point at issue it at once becomes either a religious or a political question, and consequently leads to the expression of biassed opinions, coupled with personalities couched in language both forcible and strong.

The average board of guardians, not only in Ireland, but throughout the United Kingdom in general, is composed for the most part of successful tradesmen, with a sprinkling of clergy of various sects, and here and there a philanthropically-minded woman. It is the first-class who form the majority ; men who aspire to local importance, and who usually exaggerate the loftiness of the office which they hold. As a general rule, it is no exaggeration to state that the average guardian of the poor is of lower social standing and education than the medical officer who has to work under his direction. This fact is, perhaps, more patent in Ireland than elsewhere, so that it is absolutely beyond the guardians' mental abilities to comprehend fully the grievances of the medical service. Little or nothing can be hoped for from them. It is to the Local Government Board that the Poor-law officer must look, and so far without much encouragement. It is not sur-

prising, therefore, that the Poor-law officers have combined and formed themselves into unions. At present, in the thirty-two counties, twenty-six branches of the Irish Medical Association have been formed. The objects of this Association may be summed up as follows :—

(i.) To obtain for the Poor-law medical officer a minimum salary of £200 a year for a dispensary district ; £100 for an infirmary ; or £300 for the two combined.

(ii.) To obtain a full month's holiday every year, with a fully-paid substitute.

(iii.) To make the granting of superannuation allowances obligatory on all boards of guardians after the officer has attained a certain age.

With this end in view, whenever a vacancy occurs, the Association endeavours to persuade candidates not to accept a lower salary than the minimum agreed on. A great outcry has been made by the various guardians affected by this action of the Association. It has been called "boycott,"—a name peculiarly ironical in the mouths of the very men who, but a few years ago, were foremost in showing the world the exact meaning of the word. As long as the local parish boards persist in their present attitude towards the whole question, so long will it be necessary to employ whatever means may be thought most expedient to help forward the necessary reforms. No reasonable person can urge that these reforms are exacting or impossible. All that the Association desires is, that every man in the service shall be certain of a living wage, an annual holiday, and a competence when he is no longer fit to fulfil his duties. The more one knows about the service, the more one wonders at its being possible to find men willing to take up the positions, as they become vacant. Some probably do so in ignorance and haste,—to repent at leisure,—others from the necessity of finding a livelihood in an overcrowded profession.

The Irish Poor-law Service is very much to the fore just now. The *British Medical Journal* has recently issued a Supplement dealing in a very full manner with the whole question. The foregoing is only a brief summary of the main grievances of the service, in fact the whole of this Essay might easily be devoted to this one question without fully exhausting it.

The efficiency, or otherwise, of the various Poor-law services is a matter of considerable importance to the public at large. The poor ought, certainly, by right to have adequate and good medical attention provided for them by the State ; and

anything which affects, either beneficially or adversely, the welfare of the parish doctor affects the welfare of the poorer part of the general population.

In theory, decentralisation and local government is best, but practically it is often responsible for many abuses, owing, mainly, to the wrong class of man getting authority. A suggestion has been made to form the parish medical officerships into a real "whole-time" Government service, governed by a central body, or by one for each kingdom. Districts in many instances would have to be combined; in country districts the areas would be very large, and this, admittedly, is a point against the scheme. The medical officer would be attached to a board of guardians, but would be under the sole direction of the central authority. To follow the idea further: entrance might be, as for the other services, by a competitive examination; salaries would depend on length of service and promotion; and there would be a definite pension at the end. The first two or three years would be spent as junior officer to a large infirmary, after which the doctor would be allowed, if he so desired, to marry; next he might become assistant district officer in a large town, moving on to a country district, and later returning to a town. The resident superintendentships of the larger infirmaries would become the professional prizes of the service, second only to the highest administrative posts. These latter would be given to officers who had worked their way through the various stages, and would thus have a thoroughly practical knowledge of the requirements of the service. This scheme seems to the writer to be well worth considering, particularly with regard to the necessities of Scotland and Ireland where private practice is slight, and where the officer has practically to depend on his salary. As constituted now, be it in England, Scotland, or Ireland, but especially in the last two, Dr. Johnson, were he alive to-day, could hardly say that the Poor-law service "offers the potentiality of growing rich beyond the dreams of avarice."

Whatever scheme be adopted, it is urgently incumbent on the governing authorities to consider carefully the whole question of the Poor-law Medical Service.

PUBLIC HEALTH APPOINTMENTS.

Although medical officers of health were appointed in certain localities under local Acts, prior to 1875, still, practically, these appointments date from the passing of the Public Health Act in that year. At the present time the conditions under which these officers are appointed, and carry on their duties, differ somewhat in England, Scotland, and Ireland. In regard to these appointments there are certain questions which have a most important bearing on the usefulness of the profession to the public. The larger question of public-health administration, including the constitution of the Imperial and local authorities, hardly comes within the scope of this Essay.

In England, the central authority consists of the Local Government Board. This body is really a pleasant fiction, and exists only on paper, the whole control resting in the hands of its so-called secretary. The latter has the assistance of a chief and assistant medical officer, and a staff of ten medical inspectors. These gentlemen are appointed by the secretary as vacancies occur, and receive salaries of £500 a year and upwards. Each county council has the power to appoint a medical officer of health, but up to now only a little over half have availed themselves of their opportunities. Finally, each borough, urban, and district council are obliged to appoint an officer, and it is these gentlemen who form the large bulk of the medical officers of health in the country.

A medical officer may be retained for part or the whole of his time; in the former case he is, as a rule, engaged in private practice as well; occasionally he may hold several similar appointments in neighbouring districts, and be practically a "whole-time" officer for conjoined councils. The "whole-time" officer is a specialist in public-health, and if the population of his district be above 50,000, he must also hold a diploma in public-health. The part-time officer, as a rule, is a general practitioner, who gives up a few hours a week to the care of the health of his district, in return for a salary ranging from £20 to £100 per annum. He rarely has a technical education in the public-health portion of his work; and as he is probably a very busy man, is not always too keen on carrying through the necessary reforms.

These various appointments are made by the local authorities, their choice being subject to the approval of the Local Government Board, and although they can suspend their officer,

they cannot dismiss him without the consent of the central authority. Such is the general reading of the Public Health Act of 1875 ; the intention of the framers of that Act evidently being to limit the control of the petty local authorities over their medical officers. The local bodies, however, soon found a means of defeating this wise intention by the simple expedient of appointing their officer for a limited period only, rarely longer than a year ; at the end of that time merely electing someone else should the former officer have in any way excited their ill-will. At first sight, there does not seem to be any very grave defect in such a scheme, but a little consideration will show how inimical and dangerous to the public safety it may be. In the smaller towns and villages the medical officer who rightly does his duty must oftentimes be an urgent reformer, but the very reformations he desires to bring about will often be found to be opposed to the personal feelings and pockets of the local landowner, builder, or farmer. Unfortunately it is from among this class in particular that the smaller councils are recruited. Thus it comes about that the medical officer of health is often in the difficult position of having to oppose the very people on whom his election for the following year will depend. To his credit, he has in many instances gone on in the path that he considers right, only to find another occupant in his position within a few months' time. It is almost incredible that such a state of affairs should be allowed to exist. It is a constant menace to the health of the country, and yet the authorities that be refuse to lend their aid to obtain any effective legislation. It has even been stated that no fixity of tenure will be obtained until the local authorities themselves ask for it,—as well wait for the shady company promoter to ask for more stringent legislation to protect the unsuspecting shareholders. The situation is almost Gilbertian ; a medical officer is appointed, and his appointment is made subject to his keeping in the good graces of the very men, whose ill-will he will probably earn, if he adequately carries out his duties. There is no single instance, as far as the writer knows, of a medical officer not being re-elected because he has been neglectful in his duty, but there are many cases on record where a too earnest man has found himself supplanted. The public, particularly the landlord and builder class, do not like sanitary reforms, and to leave the propagation of these reforms practically in their hands is absolutely absurd. In the larger towns and in the counties, the boards have a more intelligent *personnel*, and the present arrangement works more satisfactorily, but still the danger is always

there. That there is a real and practical danger, and not merely a theoretical one, has been proved times and again. One medical officer, himself a sufferer, states that he knows of over thirty-five instances, the details of which he has personally investigated.[1] Fixity of tenure, granted in the London Public Health Act of 1891, is required for the whole country, not only to safeguard the interests of the profession, but far more to prevent a very vital menace to the public welfare.

The method, by which the appointments are made, is often far from satisfactory; in fact, so much so, in the case of the smaller authorities, that many would prefer the patronage to rest entirely with the Local Government Board. In the larger districts, the fact that each candidate must either have held previous appointments, or be the possessor of a special diploma, reduces the chances of local influence to some extent, but in the smaller councils it is rampant, in spite of the amusing proviso that canvassing is strictly prohibited. It has often happened that a popular and busy practitioner, with absolutely no special knowledge, has obtained the post over the heads of candidates holding the public-health diploma; and in all these cases the authorities that be absolutely refuse to interfere, or even to advise the council to preferably chose a man holding the special qualification.

These considerations open out the question as to whether it is expedient for the medical officer of health to be engaged in private practice, or whether it be better to combine contiguous districts, and to employ a "whole-time" specialist. The "part-time" officer can hardly be expected to possess any very special knowledge of public-health work, nor can he be required to devote any considerable length of time to the duties, considering the slight remuneration he usually receives. But apart from these considerations, it is in his relations to his fellow-practitioners that the greatest objections against the combination of private practice and public health work are to be found. The duties necessarily involve questions affecting other doctor's patients, and however careful he may be, difficulties are likely to arise. The very fact that he has visited the premises, without seeing the patient, is likely to cause friction, and lead to further trouble. Should he interpret his duties in such a way as to include the confirmation, or otherwise, of the private doctor's diagnosis, there can be no surprise if the latter resents his intrusion. Whichever way he turns the path of the "part-time" officer

[1] Dr. Garstang. Paper read before the Incorporated Society of Medical Officers of Health, October, 1899.

is beset with difficulties, and he must often find himself in a quandary. Should he be over-zealous he is likely to be unpopular, a fact which will be detrimental to his private practice; and yet, if he be conscientious, neglect of duties will neither increase his self-respect nor his value to the community. From every point of view, it seems to be essential to the successful issue of public health work that the medical officer should confine himself solely to that branch of his profession, an end to be accomplished in smaller places by the union of several lesser in one large district.

The medical officer is likely to frequently find himself in a position requiring the exercise of much tact and circumspection, more particularly in his relationship to various clashing interests. First of all, his council may be conservative in thought and action, and in small districts may be disinclined to any thorough reforms, particularly if they involve extra expenditure. Then his daily duties bring him into close relationship with all sorts of people, and great tact is often required in obtaining information, or removing a case to hospital. His inspectors are often a source of constant worry. Coming, as a rule, from the lower middle class, the authority which their office and uniform carries unfortunately tends to make them over-bearing and presumptuous in their manner. These men, as a class, have a supreme contempt for medical men, often including their own superior officer, and have been known to go so far as to dispute the diagnosis of a case on their own initiative. Finally, the laity are peculiarly liable to take offence, and to make things as difficult as possible for the medical officer. No matter what their intelligence, from Herbert Spencer downwards, the British public are always strongly opposed to, and their indignation is quickly aroused by any act which savours of compulsion. The liberty of the subject, no matter whether he has small-pox or not, is to most of them a fundamental right, and has stood in the way of many sanitary aud other reforms, from vaccination to venereal disease. To a great extent the principle is right: reforms should be obtained voluntarily, as the result of a fuller knowledge on the part of the public, rather than by coercion.

The remuneration of a medical officer of health varies from £20 or less up to £1,000 a year. In all cases, the salary offered is inadequate, considering the class of man required. A county or borough town officer, before he reaches that standing, must have obtained the diploma in public-health, and usually have held one or more less important public-health appointments; the salary he will be paid will vary

from £400 to £700 a year, which, considering that he is specially trained and a picked man, cannot be deemed excessive. The town clerk, a far less useful person from the point of view of the public weal, will probably receive from £600 to £1,200 a year for the same town, but one notices everywhere how well the legal profession have provided for themselves in the case of fees and emoluments. Still, it must not be forgotten that the expenses of the medical officer are nil, so that his salary corresponds with a far larger sum, were he in general practice.

When fixity of tenure and appointment by merit are obtained, the public-health service in England will be one of the most satisfactory portions of medical practice. As it is, in spite of these difficulties, it is an extremely useful and important branch of medical work,—perhaps the most important.

In Scotland, the medical officers are appointed under the Public Health (Scotland) Act of 1897 and the Borough Police (Scotland) Act of 1892, and act under the central authority, or Local Government Board for Scotland. The appointments are made by the burgh local authorities, or by the district committees, as the case may be. If appointed under the Burgh Police Act, the officer must hold a registrable qualification in public-health, otherwise this is only necessary in the case of districts with a population of over 30,000 people. The remarks made above anent the various English appointments apply to some extent, but the Scottish officers are fortunate in having obtained a practical fixity of tenure, removal only being possible by the central authority.

In Ireland the dispensary doctors are *ex-officio* medical officers of health, and act as such under the local authority. The latter is usually identical with the board of guardians, sitting under a different name. It is evident that many undesirable conditions may result: the subject is more fully dealt with under the Irish Poor-law Service.

VACCINATION APPOINTMENTS.

In England, the appointment of public vaccinator is in the gift of the Poor-law guardians, and is usually given to the parish doctor. The contract is terminable on twenty-eight days' notice on either side, without any appeal to the Local Government Board.

The fees payable, under the 1898 Act, to the public vaccinator are in many respects better than those formerly received, but at the same time the duties have been con-

siderably increased. Thus, he receives the sum of one shilling for every child in his district who has reached the age of four months, without being vaccinated. For this fee, he must forward a note to the parents, setting forth that on or about such a day he will call and offer to vaccinate their child. He must then visit the house, and personally proffer his services free of charge. Should he fail to find the parents at home, he will have to call again. Supposing the parents now have their child vaccinated by their own medical attendant, he will be duly informed of the fact, and must rest content with his fee of one shilling for all the trouble he has been put to. On the other hand, should they elect to accept his services they may require him to perform the vaccination at their own residence, for which he will receive a fee of five shillings, provided the result is successful. If unsuccessful, he must perform the operation again, and in any case must pay a visit of inspection and sign the usual certificate. Should the child be brought to his surgery, or to a vaccination station, he will only receive the sum of half-a-crown. It is evident, therefore, that the public vaccinator most decidedly earns his pay, and yet an agitation is on foot to reduce the fees; the proposal is apparently supported by the Local Government Board. As to what may constitute a vaccination station is a little doubtful. In the recent epidemic, it was held, in several instances, that if a number of people were vaccinated, say at a workshop, the latter for the nonce would constitute a station, and the officer would only be entitled to the lesser fee. This ruling has lain very hard on several officers, as they have had to return part of their salaries months after they have received them, or run the risk of dismissal from their posts.

There are many doctors who would like to see every medical practitioner a public vaccinator, on the ground that the obligation to visit interferes with their private practices, and gives the public officer, who is also a private practitioner, an unfair introduction to other people's patients. It is very doubtful if much harm is done thereby. The poorer classes in particular are apt to look on the visit of the public vaccinator in no favourable light; oftentimes they express this opinion in forcible language. There would be no great difficulty in allowing every practitioner to vaccinate at the State's expense. He might receive, say five shillings, for every certificate of successful vaccination signed by him, in a similar manner to the Public Health Notification fees.

In regard to the ethics of vaccination, it is to be regretted that there are still many practitioners, who will vaccinate

with only one or two "spots." If it is the general opinion of the experts that it is desirable, for a really successful result, that there shall be so many marks, or a surface area involved of one square inch, this fact should form part of the certificate. Such an alteration in the wording of the latter would strengthen the hands of those conscientious practitioners, who strictly refuse to make less than four distinct marks.

In Scotland, the position of the public vaccinator is very similar to that obtaining in England, and calls for no further remarks beyond noting the fact that the conscientious objector is (legally) unknown in the former country.

In Ireland, vaccination forms part of the dispensary doctor's duties, and is briefly considered in dealing with the Irish Poor-law Service.

VII.

THE ARMY MEDICAL SERVICE.

The medical service of the British Army consists of the Army Medical Staff, the Royal Army Medical Corps, and the Indian Medical Service. The first and second of these contain just under 1,000 officers.

The Royal Army Medical Corps may be stated to be practically a new institution,[1] in that it has undergone radical reformation as the result of the experience gained in the Soudan and South African Wars. From the old army service it differs essentially in the fact that it is an independent unit, and not a regimental appendage. Thus, an officer may be stationed at a depôt, but is there in his position as a member of the corps, and is not attached to a regiment. Similarly, station hospitals have been everywhere substituted for regimental institutions. The advantages urged are obvious. In place of several small regimental hospitals, there is one large institution under the command of a senior officer, and staffed by officers of various ranks.

Under the present regulations any British-born subject, between the ages of twenty-one and twenty-eight, can enter the service, provided he is physically and otherwise fit. Suggestions have been made to raise the final limit of age so that men more experienced in civil hospital practice may enter; others would lower the age, to keep out men who may have tried general practice, and failed therein. The first suggestion seems to carry most weight; few men can have had sufficient experience of private practice, to determine their ultimate success or failure, by the age of thirty. Against raising the age is the fact that the older men can never reach the highest grades owing to the fifty-five years age limit.

Entrance is by competitive examination, and the latter is mainly of a clinical nature,—a decided advance. The successful candidates further receive a two months' course in Hygiene and Bacteriology. A palatial residential college is being built on the Chelsea Embankment in London to accommodate these men, as well as those senior officers who return

[1] The Royal Corps existed before the recent war, but the conditions of service have been extensively modified by the new warrant.

for further study. After further examination the candidates proceed to Aldershot for a three months' course of purely military work and hospital practice. A further examination concludes this probationary course.

After eighteen months' service a lieutenant may present himself for another examination, to qualify for promotion to the rank of captain ; the subjects being mainly of a military nature. Before the rank of major can be reached an examination in Medicine, Surgery, Hygiene, Bacteriology, and some special subject must be passed, and acceleration of promotion may be gained according to the standard reached. The major is again examined in Hygiene and military law before promotion to lieutenant-colonel. The officer can never, therefore, feel that he has put the ordeal of examinations behind him, as every few years he must prepare himself to face another test.

An officer of, or above, the rank of major may be selected for special appointments, which carry slight entra pay, varying from half-a-crown a day upwards.

The rates of pay have been raised under the new warrant, particularly for the junior ranks. Thus, a lieutenant starts with fourteen shillings a day, and gradually increases until, should he finally become Director-General, he will find himself in receipt of £2,000 a year.

The principle of requiring officers to return occasionally to post-graduate study is excellent, and should be productive of great efficiency in all ranks of the service.

So far the new regulations have resulted in a great increase in the competition for entry, and a better class of candidate. Formerly the Director-General had a seat on the Army Board. This board has ceased to exist, and its place has been taken by an advisory council of seven members as recommended by Lord Esher's Committee. The Director-General has not a seat on this council, the medical corps coming under the Adjutant-General's jurisdiction.

On reaching the age of fifty-five the army medical officer retires with a pension, unless he be specially selected for further service. Further, at the end of his first eight years he may retire with a gratuity of £1,000 ; or even earlier (after three years) he may be allowed to pass into the reserve of officers, receiving a retaining fee of £25 a year.

The Indian Medical Service does not belong to this country, and is, therefore, beyond the scope of this Essay. In addition to the branches already mentioned, there are the Royal Army Medical Corps reserves, militia and volunteers, exactly comparable with the similar bodies connected with the

combatant branches. The Army Medical Service—whether it be the R.A.M.C. or the I.M.S.—undoubtedly offers a good career to any man who is keen on his work. A definite income and an assured pension are considerations not to be lightly dismissed in these days of competition, and the opportunities for original research, particularly in tropical diseases, is practically unlimited.

THE NAVY MEDICAL SERVICE.[1]

The conditions of service in the medical branch of the Royal Navy, which consists of 544 officers, have recently undergone some modification, under a warrant issued in October, 1903. Candidates must be of British parentage, and between the ages of twenty-one and twenty-eight years; they must also be physically fit. Entry is by competitive examination in professional work, with certain voluntary subjects, such as Languages and Science. The Admiralty have the power, however, to admit certain candidates should occasion arise, without examination. The successful candidates undergo a short course of instruction in Hygiene, Bacteriology, and Tropical Medicine, at Haslar.

The pay commences at £255 10*s.* a year, rising to £438 for staff surgeons, and upwards to £1,300 a year for the Inspector-General. Certain charge and extra pay can be obtained by a few selected officers of senior rank.

Promotion has recently been much accelerated; thus, a surgeon will be promoted to staff-surgeon at the expiration of eight years' service, and after a similar interval to fleet-surgeon. Promotion may also be accelerated, in special instances, for meritorious professional as well as naval service,—recognition of the value of professional keenness in the officers. Candidates, who have held resident hospital appointments prior to entry, may obtain six to twelve months seniority on account thereof; and, as in the case of the army service, they may be allowed to hold such posts after their admission to the service.

All officers must retire at fifty-five years of age, unless specially selected for extended service. A new rule has also been made to the effect, that any officer who has been continually unemployed for three years in one rank, or four years in two, will be compulsorily retired.

[1] At the present time (February, 1905) there are rumours that great and far-reaching changes, in the constitution of the Naval Medical Service, are shortly to be introduced.

After eight years' service the officer may be allowed to resign with a gratuity of £1,000, or with one of £500 after four years' service ; passing into the reserve for four or eight years, if he so desires, with a retaining allowance of £25 a year. It must be remembered that these years must be spent in active employment ; should an officer, for any reason, fail to obtain a ship the time he thus spends will not count towards a retiring allowance. After twenty years' service the officer can retire with a pension of £1 a day, or more, according to the number of years he has served.

Arrangements have been made, under the new warrant, to give officers the opportunity of pursuing post-graduate studies, at various intervals in their careers, and entirely free from all expense. This is a most excellent advance, evincing the recognition of the value of up-to-date knowledge ; it will, doubtless, be taken full advantage of. Among the other innovations is the institution of an advisory board, to aid the Chief Lord in administrating the service.[1]

Under the present system obtaining at the Admiralty, the First Lord is the paramount head of the whole Navy, the Second Lord is responsible for the *personnel*, while the Junior Lord has the management, more particularly, of the *materiel*. The sick-berth staff are officially under the command of the Commander-in-Chief at the Nore, but practically under that of the Commander for "Drafting Duties" at Chatham.

The new warrant has already gone some way to increase the popularity of the service, and to attract a larger number of candidates than there has been for the last quarter of a century. At present two out of every three candidates, provided they can obtain qualifying marks, can be certain of a commission, so that the competition cannot be considered excessive.

Nearly a century has passed since our Navy was engaged in active service of any magnitude, and in that time the whole conditions of naval warfare have completely changed. Placed in medical charge of a picked body of healthy men, the available amount of work is necessarily small. It is important, therefore, that every medical officer shall do his level best to keep his knowledge abreast with the times, so that when the hour of need does arrive, he at least will not be found wanting ; there is every reason to believe that the majority of the present officers fully recognize this fact.

[1] The present members are Mr. Makins, Dr. Allchin, and Dr. Rolleston, with the Director-General as Chairman.

THE POSITION OF WOMEN IN THE PROFESSION.

No essay dealing with the present state of the medical profession would be complete, without some reference to the position of women within its ranks. The "lady doctor" has come, and doubtless will remain. The time has passed to discuss the propriety of women studying and practising medicine. It must be granted that women have equal rights with men to study any subject they may choose. Further, medical women, without doubt, have their own special niche to fill. One can easily realise that there must be many women who will more readily tell their troubles to a sympathetic doctor of their own sex, and who will speak more freely and openly to a woman than they would to a male practitioner. They may also be inclined to seek advice earlier, instead of waiting till their pain and distress compel them to do something. In minor Gynæcology there would seem to be great scope for the lady medico. In Obstetrics one fears that the married doctor's natural sympathy might induce nervousness, while her spinster colleague, on the contrary, might be too severe. The whole position of the female sex in the social economy of the world,—passive, as opposed to the active male, makes it extremely undesirable that a woman should engage in ordinary general practice, or should include men among her patients. To the writer's mind this fact is unalterable, and as such is seemingly recognised by the majority of lady practitioners.

Women can now receive their medical education at practically all the large hospital centres, either in a special school or in classes reserved for them. Thus, they may study in London, Edinburgh, Glasgow, Dublin, Belfast, and Cork; also at all the teaching universities in England,—with the exception of Oxford and Cambridge,—and at St. Andrews, and Dundee.

Their choice of degrees or diplomas is nearly as wide, as the examinations of all the English Universities (excepting Oxford and Cambridge), those in Scotland, the Royal University of Ireland, Trinity College at Dublin, the Society of Apothecaries of London, and the Conjoint Boards in Scotland and Ireland are all open to them; but so far the Fellowships of the Royal Colleges—with one exception—is debarred them. This has been thought a great hardship, but there are several points to be considered on each side. First, these Fellowships are not essential to the candidate for the purposes of practice; and if the majority of the present holders

wish to retain the honour exclusively for one sex, they are surely justified in doing so. These colleges are practically societies, to which no one has the right of entry against the wishes of the other members. It is particularly in regard to the surgical colleges that admission is desired. To the writer's mind Surgery is hardly the best province for the display of women's abilities. Whether this be so or not, the Royal College of Surgeons in Ireland has listened to the claims put forward on behalf of the lady medicos, and, with characteristic Hibernian chivalry, has admitted them to its Fellowship. Whether the other Royal Colleges in England and Scotland will follow suit remains to be seen.

Some difficulties have occasionally arisen owing to a lady being appointed to a position on the junior staff of a general hospital. If things have not gone smoothly, her male colleagues have usually been blamed, and charged with being bigoted and prejudiced. The truth is, however, that such an appointment, if the holder is to do her duty, involves the treating of male patients. Now, there must be many cases in which a male doctor,—particularly a young one,—might feel constrained in discussing with a lady colleague. Let the lady doctor keep to her own sphere of work,—women and children,—and we shall hear little or nothing of the difficulties of working with male colleagues.

There is no doubt whatever, that women make practitioners of a high order; and this is not surprising. Every woman who takes up medicine for her livelihood must necessarily be an enthusiast. Before ever she starts her training she has probably to over-ride the scruples and opposition of her family, and to put up with the cynical ridicule of her friends and acquaintances. If her interest wanes or her enthusiasm slackens, it is very unlikely that she will ever qualify, let alone set up for herself in practice.

Up to now a great proportion of qualified medical women have found their sphere of work in Home and Foreign Missions, particularly in Zenana work in India. It is only the few who enter private practice; and these, as far as one can see, obtain a very fair share of success. Here, again, they have to be proof against the prejudices of the public, not always expressed silently; and unless they be enthusiasts they will soon return to easier paths.

The appointments open to women are naturally limited. A few junior resident officerships on the special hospitals, and occasionally on the larger poor-law infirmaries, staff appointments on certain hospitals for women and children, and post-office posts at the larger centres, make a fairly com-

plete list. Women can never really rival men in medical work, in the sense they have done in office and city life. Their sphere of activity is strictly limited, and must rightly remain so. However, the arrival of the medical woman is to be welcomed, and wherever her lot may be cast, she should be certain of the courteous support of her male colleagues.

DENTISTRY.

A few words as to the position of Dentistry at the present time may not be out of place. Within the last thirty years or so, the professional and social standing of the surgeon-dentist has materially improved. At the present time, it may be said to constitute a link between the purely professional surgeon and the strictly mechanical maker of artificial teeth. Many of the duties consist of true surgical work, but still others partake more of the nature of a trade. The dentist's education is divided up in a very similar manner, with an apprenticeship for three years, to learn the mechanical portion of his work, and a scientific and surgical training extending over a similar period. The registered dentists are under the authority of the General Medical Council, and are subject to the same general rules of conduct as their colleagues the doctors. The number of men whose names are on both the registers is constantly increasing, most beneficially to the raising of the social standing of the dentist. Without doubt, a very different class of man is attracted into the ranks of the profession than was the case thirty years ago. Still, there are many people who are on friendly terms with their medical attendant, and yet would shrink from recognising their dentist socially. This is gradually being altered, however, as the public begin to recognise the changes that have taken place. It must be admitted that there are still many undesirables, who were allowed to have their names inscribed on the Dental Register, when the latter first came into being (1879), often on the strength of having extracted a few teeth in a back room attached to a chemist's shop, but time and death are constantly reducing the number.

The relations between the dentist and his medical colleague are, as a rule, excellent. A little unpleasantness may occasionally arise from the latter extracting the teeth of his poorer patients; but usually, if there is a dentist within reasonable distance, the doctor is only too glad to hand all dental work over to him. More commonly difficulties arise through the dentist himself administering gas to his patients

or advising the services of his special medical friend to be obtained instead of the patient's usual doctor. There can be no doubt that it is most unwise,—not to say wrong,—for a dentist, who is not a qualified medical man, to administer any anæsthetic, even gas. The majority of deaths from chloroform anæsthesia take place in dental cases,—involving a semi-upright position,—and in many instances the anæsthetic has been administered by a dentist without the assistance of a qualified man. It may be stated as a general rule that, wherever possible, the patient's usual medical attendant should administer the anæsthetic. Of course there must be exceptions to such a rule, as for example, in cases where a specialist in anæsthetics is called in, but even then the family doctor should be present. The latter's knowledge of the idiosyncrasies of the patient is particularly useful, and his invariable presence would prevent the administration of anæsthetics with fatal results to people with organic heart disease, as has sometimes occurred.

The dental profession has one great advantage over the medical branch. So far there is practically only one qualifying diploma,—the licence,—granted, it is true, by several corporations, but still the confusion aroused in the public mind by the multitude of titles found in Medicine are avoided. Recently the University of Birmingham has granted degrees in dental-surgery to its own students, who have previously obtained one of the existing licences ; and it has been proposed that the London University shall follow suit. Many dentists seem opposed to this granting of degrees. Perhaps they prefer to have a single standard of qualification, forgetting that the inclusion of their profession in the curriculum of the Universities must have a decided tendency to raise its social standing in the eyes of the public.

The prospects before a man entering the dental profession seem at present considerably brighter than is the case should he chose Medicine as a career. The work is certainly more confined, but the hours are definite, if long ; he is not obliged to live in the centre of his practice, nor is his rest disturbed at night. In fact, if many young men who propose to study Medicine were to turn to dentistry instead, it is highly probable that in after life they would not regret their choice. A recently qualified medical man might not be ill-advised were he to elect to combine the two professions. Such a course naturally demands a longer preparation, although the candidate can obtain many exemptions from the ordinary curriculum on account of his medical diploma, such as two instead of three years' training in the mechanical part of his work.

Dentistry is by no means so overcrowded as Medicine, so that from the pecuniary point of view it offers an excellent alternate career to the young medico. It may not be so interesting from a scientific point of view as Medicine, but the surgeon-dentist may comfort himself with the thought that he is free from many of the worries and petty cares, which are inseparable from medical practice.

VIII.

DISPENSING BY DOCTORS.

QUITE recently a very old controversy has been revived:—Should doctors do their own dispensing? In remote country districts the doctor has no choice in the matter, the nearest chemist in many instances being miles away. In town, however, qualified chemists are in abundance, and they claim that dispensing falls within their province, and that medical men are encroaching on their means of livelihood in supplying patients with the necessary medicine themselves. The general practitioners are the descendants of the old apothecaries, who were practically prescribing chemists, and kept what would nowadays be called open surgeries, so that the practice of dispensing is really the survival of an old custom. Against the practice it is urged, that the loss of dispensing trade forces the chemist to rely on the sale of patent medicines, toilet accessories and such like merchandise for his livelihood.

There are several strong arguments in favour of the custom. First, the doctor knows absolutely that the patient receives the drugs he orders,—there can be no fear of substitution. Secondly, he can discontinue the medicine at pleasure, without leaving a prescription in the patient's possession, to be passed on from hand to hand, perhaps copied and used, when and for whom he knows not. Further, the poorer class of patients could not afford to pay both the chemist and the doctor, the consequence being that they would visit the latter less often. This, as well as constituting a serious pecuniary loss to the medical man, would also in the long run prove harmful to the patient. Drugs would be continued after the indications for their use had ceased, and skilled advice would be sought even later than it is now. As it is, most patients try the effect of domestic, if not quack treatment, before consulting the qualified doctor; if the latter did not dispense, the waiting time would be lengthened while the results of old prescriptions,—their own or their friends,—were noted. One is of course referring mainly to the uneducated classes; the harm done, by the possession of a prescription, in higher walks of life is too well known to require much comment. A good story is told of a London specialist[1] meeting a lady whom he had prescribed for some twelve months previously, when she had been suffering from

[1] The writer's uncle, the late Dr. Edis of the Middlesex Hospital.

neuralgia. "Oh, Dr. So-and-So," she exclaimed, "how can I ever thank you for that excellent prescription you gave me. I have given over a hundred copies of it away to my friends." Comment is needless.

There is nothing derogatory in dispensing; no more than the menial services, which form part of a nurse's duty, can be considered as detracting from the nobility of that calling. Few medical men would regret being relieved of the drudgery of dispensing, but still it is difficult to see how they would make a livelihood in poorer-class practice without it. The truth is, that there are more qualified chemists than there is need for, but that is no reason why Peter should be robbed to pay Paul. To legally forbid medical men to dispense would be to institute an impossible position. In many cases of emergency, even the so-called prescribing practitioner has often to supply the immediate remedy required. It would, in fact, be impossible to draw a hard and fast line, without seriously detracting from the usefulness of the doctor.

On looking at the question from all sides, there seem to be stronger arguments in favour of medical men[1] themselves supplying the various medicines they order, than against such a practice. This also seems to be the general feeling of the profession. In fact many men who previously only prescribed for their patients, have of late years recommenced dispensing.

This is, perhaps, the best place to enter a strong protest against the growing custom, among many practitioners, of using proprietary drugs and mixtures of unknown ingredients, so extensively furnished by the manufacturing chemists at the present time. The man who permits himself to become what is little better than the agent of the last-mentioned people, cannot be considered to be fulfilling his duty to the public. Hardly a day passes without bringing samples and extensive laudatory notices of new "synthetic" remedies, mostly emanating from the States or Germany, which the physician is strongly advised to prescribe in the "original packages." Very few of these new remedies are heard of again, their place being quickly taken by other "new and important additions to the physician's armature," which likewise are soon relegated to the limbo of the useless and the forgotten. The doctor who prescribes or uses remedies, the composition of which he knows not, can hardly be considered as upholding the dignity of medicine, or his own professional self-respect.

[1] *i.e.*, General practitioners.

CORONERS AND MEDICAL MEN.

A matter of considerable importance, both to the public welfare and to the profession, is the manner in which a large number of coroners interpret their duties as to the calling of medical evidence at inquests. This is hardly the place to give specific instances, or even to notice the worst offenders by name. Sufficient records of definite cases will be remembered by any casual reader of the medical journals, during the last two or three years.

Many inquests are held every year at which no medical evidence is called, although almost invariably a verdict of death from accident or natural causes is returned. The coroners, who favour this mode of procedure, argue that the purpose of an inquiry is merely to ascertain whether the death was or was not due to preventable violence, the exact pathological cause not being required and being beside the point. Unfortunately, the same coroners stultify their own arguments, by trying to obtain all the information they possibly can from the medical man called in at the time of the accident, short of summoning him. This rather looks as if their real reason was an economical one, as should the doctor be subpœnaed he must, of course, be paid the usual fee. Admitting the argument to be put forward in all sincerity, it must be regarded, not only as fallacious, but also as dangerous. The pursuit of such a policy must end in the failure to detect many crimes, and, perhaps, bring unfounded charges on innocent people. A careful post-mortem examination, in a case of apparent suicide, may reveal the presence of wounds which could not have been self-inflicted ; or a man may be pushed down in a scuffle and die, not from the force of the fall, but from the rupture of a large thoracic aneurism. The scope for mistakes from a medical point of view is almost inestimable, without taking into consideration the importance of recording the exact cause of death in all cases, as far as can be. Some coroners do not go quite so far as this. They will summon a medical witness, but will expect him to give an opinion on the cause of death after merely inspecting the body. A refusal to do so will result in a gratuitous dissertation on the ignorance and cupidity of the medical profession. The section of the Coroners Act under which medical witnesses are summoned is worded unfortunately, in that " may " is used instead of " must " or " shall ; " thus allowing the coroner to neglect to call any medical evidence, or to summon some outside man quite unconnected with the case.

In London, the County Council have taken up the position of advising their coroners to call in the assistance of a skilled pathologist. There is much to be said in favour of such a proposal. The ordinary general practitioner has not always the requisite knowledge or chance of practice to fit him to adequately perform a post-mortem examination on a difficult case,—say one of poisoning. The Council has, consequently, unofficially appointed a pathologist to perform the necessary examinations, and has induced one coroner to employ him in practically all cases. Unfortunately, their choice of pathologist and coroner has not been a very happy one. A further drawback to the efficient working of this scheme is the fact that the Act apparently does not allow more than the usual fee to be paid, except in very special cases requiring analyses, and highly skilled pathologists can hardly be expected to undertake the necessary duties at the rate of two guineas a case. This has been pointed out to the Council by the hospital authorities, and pending new legislation on the subject, certain gentlemen have offered to act as pathologists in special cases for the ordinary remuneration. The appointment of a skilled pathologist ought not to imply that the general practitioner will not be called. The importance of the evidence of a skilled observer, who was present during the last illness, or saw the deceased immediately after the accident, must not be lost sight of.

The gist of the whole matter really lies in the class of men appointed to act as coroners. By far the largest number are barristers or solicitors, a few are medical men, while still fewer combine both branches.[1] The duties of a coroner require for their adequate performance the knowledge of a little law,—and a very little will suffice,—and a considerable acquaintance with forensic medicine.[2] This is undoubtedly a fact, but one which so far is little recognised. It follows that every coroner should first and foremost be a medical man ; if he is also a barrister-at-law so much the better, but the last should be the least, not the most, essential qualification for the office. Until this is more generally recognised a large proportion of inquests will result in unsatisfactory verdicts, and a consequent menace to the public welfare.

It may be convenient to notice here the difficult position in which a medical man, called to attend a case of suspected

[1] Fifty-six medical coroners out of 358 in England and Wales (Dr. Wynne Westcott, *British Medical Journal*, ii. 1902, p. 1757).

[2] Technical legal points arise in about 2 per cent. of all inquests (Dr. Wynne Westcott).

poisoning, may find himself. If the suspicions he may have do not seem sufficiently strong, to his mind, to justify his communicating with the authorities, he may later find himself stigmatised as careless and ignorant. On the other hand, should he take action, and later the doubtful symptoms be found to be due to natural causes, he will probably find himself cast in heavy damages. As matters stand he will be well advised to call in the aid of a toxicological expert, and to thus shift the responsibility off his own shoulders. Undoubtedly, he ought to be able to obtain this further advice at the expense of the public funds, as he does it with a public purpose—the prevention of crime.

THE "MIDWIVES ACT."

The recent "Midwives Act" has not been met with universal approbation in medical circles. There are several reasons to account for this. The principle underlying the Act is nowhere attacked, because it has for its object the protection of poorer-class mothers from the ignorance and incompetence of any woman, who likes to call herself a midwife. It provides, in some measure, for a certain minimum of general and special knowledge on the part of any person who wishes to attend, for pecuniary profit, women in childbirth. To this end it makes provision for registration after proof of ability, and for the ordaining of certain rules and regulations which all midwives must obey. It has one great fault, however. Its provisions are to be carried out under the supervision of a central and certain local authorities; the latter usually being the county council, and the various sanitary boards. The central authority consists of a body composed chiefly of laymen, with a few medical members. This "Central Midwives Board" is responsible to the Privy Council, which constitutes the paramount authority. To any one conversant with the difficulties of the questions to be considered, it must have been apparent that a board with this constitution would, early in its career, make mistakes of a serious and dangerous character. Perhaps the most important of these is to be found in the regulations dealing with the administration of drugs by the midwife. Thus, it is ordered that the latter is to keep a record of all drugs administered by her, stating with what purpose and in what doses they were given. At first sight this does not strike one as being other than a wise ordinance, but on considering the point with more care, it will be at once apparent that such a rule assumes that the prescribing of drugs by a midwife is correct and right. Such

an assumption raises the midwife to the position of a qualified doctor, and further presumes that she has the special knowledge required to recognise the indications for the use of various drugs,—which it is known she has not. It would have been far better if the regulations absolutely forbade the use of any drugs, other than antiseptics or simple purgatives, except on the order of a qualified man.

The majority of the Board seem more inclined to fulfil the letter than the spirit of the Act. Thus, in the regulations passed by the Privy Council, attendance for ten days after labour is required from the candidates for registration. This number was apparently fixed in an arbitrary manner, as representing the average bed-fast puerperium in this country. Under this rule, which the Board, against the advice of the medical minority, apparently mean to uphold to the letter, midwives trained at the Rotunda Hospital in Dublin cannot be registered, because Irish women will not stay in hospital for more than eight days after their confinement. At the same time, any old beldam who has practised as a midwife or monthly nurse in some out-of-the-way village is at once admitted, even though she can barely write her name. In one particularly flagrant case the applicant was registered, although she had never attended a case on her own responsibility, on the sole ground that she, herself, felt competent to do so! At the same time midwives from the most famous school of midwifery in the kingdom are to be refused admission, because the local custom is for the women to return to their districts two days before the Board thinks they ought to.

The portion of the Act most directly affecting the medical profession, is that ordering the midwife to at once seek skilled assistance if she suspects the case to be in any way abnormal. She is to record the time at which she sends for help, and the name of the practitioner summoned; but not the slightest provision is made for paying the medical man called in. It is interesting to note in this connection that all legal expenses involved in the working of the Act, are definitely arranged for. *Virtus laudatur et algct*, and, in more than one instance, the charity of the profession,—so often held up for admiration, —is taken advantage of to save the public purse. If medical men are to be at the beck and call of these midwives, there should be some central or local fund provided, out of which to recoup them for their trouble. Certainly they can refuse to answer the call, but such an action, as well as being inhuman, would lay them open to the censure of irresponsible juries and the gratuitous insults of vindictive coroners, and subsequent loss of practice.

The principle underlying the Act is excellent, but for its satisfactory working the Central Board should consist entirely of medical men,—obstetricians or general practitioners. Only those actually engaged in midwifery practice can have sufficient knowledge of the real conditions and necessities of such work to formulate workable regulations, and to see that the spirit of the Act is adequately carried out.

UNQUALIFIED PRACTICE.

The action of the General Medical Council in 1892, in absolutely forbidding the employment of unqualified assistants, was considered in some quarters exceedingly severe on a class of men, who had many good points in their favour. Unqualified assistants, prior to 1892, consisted roughly, of two classes of men ; first, those who had never received the smallest amount of medical training, and whose knowledge, such as it was, had been picked up in a haphazard manner from their employers. The greater majority, however, were men who had gone through more or less of the medical curriculum, but for some reason or other had failed to pass the necessary examinations. All varieties of this class existed, from men who had only spent a few months at a medical school, to others who had passed all their examinations with the exception of some part of the finals. Many reasons accounted for these men failing to qualify ; in some cases purely pecuniary obstacles had prevented their obtaining their diplomas. Unfortunately, in a very large number of cases, idleness and inebriety were their stumbling blocks. Many people thought that some notice should have been given by the Council, entirely losing sight of the fact that this was no new enactment, but merely a determination to enforce strictly a principle of long standing. Had the Council acted otherwise, they would have been neglecting their duty towards the public. No doubt many an unqualified man was as good a practitioner as his qualified *confrère*, perhaps even better ; but only time and experience could prove this. The fact of a man holding a qualifying diploma is presumptive of his possessing a certain minimum of knowledge, and is the only safeguard possible in the interest of the public welfare.

Unqualified practice,—distinctive from mere quackery,—outside the profession, is more rife than ever to-day ; and is becoming a very serious question for all those with any sincere interest in the welfare of the community at large. There are many varieties of this unqualified practice. First, there is the man who pretends to be a fully-qualified doctor, and who

leads people to believe that he is so. The more wily ones endeavour to spread this belief in an indirect manner, taking care never actually to state, in so many words, that they are on the Register. Their careers are usually short-lived, as a prosecution quickly follows their detection by one of the medical defence associations. Unfortunately, the police never seem to institute these proceedings, although, apart from any Medical Acts, such pretensions would seem to come under the title of frauds.

Of recent years, the proverbial "coach and horses" has been driven through the Medical Acts in a somewhat different manner. The unqualified people form themselves into a company, relying on the impersonality of the latter to protect them. They do not claim personally to be qualified surgeons or dentists,—it is particularly in the latter branch that these frauds obtain,—it is only the company which enjoys that title. The decision of Chief Baron Palles in the recent case of Rowell *v.* Registrar of Joint Stock Companies is important. The latter had refused to register a company formed by the plaintiff to carry on the business of dentists, on the ground that such a company would not be entitled to registration under the Dentists Act of 1898. The Chief Baron upheld the Registrar's action, on the ground that even supposing the use of the term "dentist" for a company did not contravene the Dentists Act (as upheld in the action of O'Duffy *v.* Jaffe), yet such a title would constitute fraud on the part of the promoters, seeing that the company could not be registered under that Act, as the term dentist implies. This decision makes a most important precedent, and one that should be of considerable use.

One of the most marked features of recent years has been the invasion of medical purlieus by unqualified and untrained people. This is particularly to be seen in electrical therapeutics. Establishments for "High Frequency," "Hot Air," Finsen Light and Röntgen Ray treatment are all being extensively carried on by unqualified persons, and are widely advertised. Setting apart the pecuniary damage such institutions must do the profession in general, they constitute a very real danger to the safety of the laity. In not a few instances the diagnosis, as well as the treatment, of various affections is undertaken. Thus, one finds chronic rheumatism, lupus, rodent ulcer and even visceral malignant growths, being treated by hot-air baths, X-rays or high frequency currents, under the direction of people totally incompetent to appreciate the beneficial or harmful results consequent on their application, and entirely wanting in any true medical

knowledge. Unfortunately, several of these institutions have been countenanced to some extent by the profession; cases being passed on to them for special treatment. The danger, of allowing any case to pass into non-medical hands, is too apparent to need much urging. If these institutions are really necessary, they should be entirely under the guidance of a fully qualified man, and not be appendages to chemist shops, or private speculations. One fact urged in their favour is, that patients can receive the necessary treatment at reasonable fees. The medical profession has never stood in the way of people obtaining proper treatment at charges commensurate with their means, and, doubtless, this could easily be adjusted.

The prescribing chemist is a very old nuisance, and one which it is exceedingly difficult to find a remedy for. The prescribing optician is a more recent and, perhaps, a more dangerous growth. The certificates issued by the Company of Spectacle Makers, though intended to ensure more skilled understanding, foster a feeling of competency to diagnose and treat ocular diseases, as well as defects, amongst the holders. The educational experts tell us that the youngest children require the most skilled and highly-trained teachers; so, also, the simplest (apparently) diseases require often exceedingly skilled attention, such as is only to be found in a properly-trained medical man. This is particularly so in the case of ocular complaints, where simple and slight symptoms may be produced by the most divergent causes, and where the correctness, or otherwise, of an early diagnosis may have such far-reaching results. The profession should express a very decided condemnation of the prescribing optician.

A distinguished member of the profession has advanced the opinion that it would be wrong to penalise practice by unqualified persons, provided they do not claim to be other than they are. This would be perfectly correct, if the public possessed sufficient knowledge to be able to adequately distinguish between the qualified and the unqualified man. Unfortunately, by far the greater number have not the necessary knowledge. They are too ready to believe whoever shouts the loudest, and they require "protecting from themselves." Like what a distinguished politician has said of himself, the man in the street is "but a child in these matters," and must be treated accordingly. The opinion stated above can hardly be accepted as the result of mature consideration and thought. No one should be allowed to advise, prescribe, or treat any case of illness or accident, for pecuniary profit,

unless he can prove that he is possessed of the necessary technical knowledge; in this country, the latter proviso would necessarily imply the possession of a medical qualification. Should such an enactment ever be passed, the position of the dis-registered man would be peculiar, as he would be able to prove that he had possessed the necessary knowledge, and it could hardly be assumed that he had forgotten what he knew. Still, if a man has committed an offence so heinous as to result in his removal from the Register and in his losing his diplomas, the public ought certainly to be protected from the chance of his practising medicine in any shape or form.

Until the laity show more perspicacity in distinguishing the authorised from the irresponsible, unqualified practice should be put down with a very heavy hand. The penalties at present enforced are far too small to be a serious deterrent, and need revising.

THE GENERAL MEDICAL COUNCIL.

The General Medical Council, the tribunal which rules the medical profession in this land, had its origin in the Medical Act of 1858. Its formation had in view a threefold object. First, it was constituted a registration body, to compile and publish, from year to year, a list of those persons legally entitled to practice the profession of Medicine within the British Isles, with the view that the public at large might better distinguish between the qualified and the unqualified practitioner. Secondly, it was given educational powers, to prescribe the necessary courses of study, and to inspect the various examinations, with the object of maintaining a minimum standard of professional knowledge, as a necessary preliminary to registration; and further, should any examination fail to reach the required standard, it was to report the responsible college or university to the Privy Council. Finally, it was to act in a judicial capacity, and was given the power to erase the name of any medical practitioner found guilty of unprofessional conduct from the Register.

Somewhat later (1862) the Council obtained a charter of incorporation, and was directed to draw up and publish an official list of drugs and remedies,—known henceforth as the *British Pharmacopœia*. Stilll ater (1878) the powers of the Council were extended to include the profession of dental surgery.

The Council originally consisted of twenty-four members,—six gentlemen chosen by the Crown, and the representatives

of the various universities and colleges. The general body of the profession was quite unrepresented, except indirectly by the latter members. After much agitation and controversy, five direct representatives were admitted to the Council,—three for England, and one each for Scotland and Ireland (1887).

At the present time the Council consists of thirty-two members, made up thus :—

Ten representatives of the Universities and Colleges of England.
Seven representatives of the Universities and Colleges of Scotland.
Five representatives of the Universities and Colleges of Ireland.
Five members nominated by the Crown.
Five direct representatives.

With the splitting up of the Victoria University an additional member has been added, and there will, doubtless, be a further increase.

Keeping the formation of the Council in mind, it is important to briefly consider its efficiency, with regard to its various duties. The purely mechanical registration portion of its duties is no doubt carried out with every adequate precaution, though a little more systematic and careful revision has occasionally seemed desirable. In the compilation of the *Pharmacopœia* the Council has the advantage of requesting the advice and aid of many authorities, outside its own members, with the very excellent result so well known.

It is in the exercise of its educational and disciplinary duties, however, that doubt arises ; firstly, as to the adequacy of its powers to enforce its decisions ; and, secondly, as to its constitution being the best suited to exhibit those powers.

The recent controversy between the London Conjoint Board of the Colleges of Physicians and Surgeons and the Council has brought to light several very anomalous points. The Council has power to visit and inspect the various examinations, and in the case of an unsatisfactory report to notify their requirements to the responsible authorities in question. Should these bodies refuse to accede to the Council's requirements, the latter has practically no power to enforce its commands. All it can do is to report to the Privy Council that such-and-such an examination, diploma or degree is no longer adequate, and fails to reach the standard necessary for admission to the Medical Register. The result of such a report is so far problematical ; apparently

it would be the Privy Council's duty to direct the Medical Council to remove the delinquent body's diploma, from the list of qualifying examinations. This is, indeed, a severe measure, but should any examining authority prove obdurate to the Council's requests, no middle course seems available. Either the Council must admit defeat, and content itself with a mere protest, or it must report to the Privy Council, which latter step should lead to the removal of the degree or diploma from the list of legal qualifications. As to whether such a course would involve that result or no, has yet to be shown. If the *personnel* of the Council be considered, a striking fact becomes evident. The educational supervision of the various licensing authorities is practically vested in the direct representatives of those bodies, seeing that they number twenty-two out of thirty-two members of the Council. It is hardly to be expected, therefore, that the Council will proceed to the severe measures already indicated. In the recent controversy, the chairman of the examination committee, whose duty it was to present an unfavourable report, was himself the representative of one of the colleges implicated. Such an arrangement hardly seems to be the best possible. It must be remembered that the attraction of candidates, for any particular degree or diploma, is necessarily a question of great financial importance to the bodies concerned. Naturally therefore, the interests of the various universities and corporations will often be diametrically opposed, not only to the wishes of the Council, but also to the interests of the public and to the rank and file of the profession. Except in the case of a few examinations, which have earned a reputation for severity and thoroughness, and which can only maintain their position by a constantly increasing standard of difficulty, there can be little inducement for a corporation to do more than maintain the minimum standard required. It seems hardly expedient that the fixing of such a standard should be so largely in the hands of the representatives of the various examining bodies concerned. On the other hand, it may be urged that every member of the Council must necessarily be connected more or less directly with one or other such body ; but the fact that a member sits as a direct representative of a corporation, rather implies that he " holds a brief " for that body, and will hardly bring an absolutely unbiassed mind to the consideration of questions involving his own college. These facts and premises are strong arguments in favour of increasing the direct representation of the general body of practitioners.

Viewing the matter from a somewhat different light, the

present constitution of the Council is hardly fair to the rank and file of the profession. Excepting the five direct representatives, whose election lies completely in the hands of the profession, and therefore in those of the general practitioners, the *personnel* of the Council entirely consists of men of the first rank,—teachers, consultants and specialists. This, at first sight, is as it should be, but on closer consideration a defect is noticeable. The consultants and specialists on the one hand, and the general body of practitioners on the other, separate off quite early in their careers from each other. It is becoming more and more exceptional for a man to commence his professional life in general practice, and later to pass into the ranks of the specialist. It follows that the consultants, as a class, are not in perfect sympathy with the rank and file of the profession, not from any want of kindly feeling, but from lack of experience and knowledge. To many successful consultants, the trials, the difficulties and the needs of their brethren with poor-class practices, either in country or town, are as the pages of an unopened book. Consequently, they may, quite unintentionally, pass enactments which may press very hardly on their less fortunate fellow-practitioners. More particularly this may be evident in their dealing with unprofessional conduct, condemning, sometimes, venial offences and merely censuring those of really greater gravity.

When all is said and done, the powers of the General Medical Council are ill-defined and limited. Able to deal severely with infamous conduct within the profession,—severely, in that removing a name from the Register spells practical ruin to the unfortunate victim,—yet it has no power to protect either the profession or the public against the "quack" and the impostor. A prosecution for the assumption of degrees to which there is no right will only end in a fine of a few pounds, while provided no definite title has been claimed, no action is possible.

The arguments in favour of a greater direct representation of the general body of the profession on the Council are very strong. It is urged, however, that already the numbers are too large, and involve too great expenditure to warrant any increase. This question of the financial position of the Council has recently been prominent. It has been suggested to annually tax the future practitioners; already certain registration fees have been raised. It seems to the writer that, considering that the Council, as at present constituted, exists more for the protection of the public than for that of the profession, a very good case can be made out for State support. However, there is no valid reason why the *personnel*

should not be reduced. Apart from lessening the expenses entailed, such a proposal might also insure the greater expedition of business at the meetings. Without any disrespect to the various universities and colleges, it is legitimate to suggest that their representatives might be reduced in number. Let the example of the Irish and Scotch peers be followed, and the various senates and councils of the universities and colleges elect representatives, say, three for England, and one each for Ireland and Scotland. This would given a council of fifteen members, five elected by the various teaching and examining bodies, five chosen directly by the profession, and the remaining five nominated by the Crown. Such a constitution would diminish the present predominant influence of the universities and corporations, as well as being of a less unwieldly size. Further, if such a body were given extended powers, enabling it to deal adequately with recalcitrant colleges, unprofessional conduct and unqualified practice, the result would be a Council with far greater vitality, far wider usefulness, and with opposing influences more equally represented than at present is the case.

IX.

CONCLUSION.

In such a cursory glance, as it has been possible to take in the foregoing pages, many conditions have been noted in the various branches of medical work, which require reforming and remodelling. No originality can be claimed by the writer for pointing out any of these faults or defects; in fact one is almost tired of the constant reiteration of the need for reform. Many questions, such as hospital abuse, contract and Poor-law work, have been ventilated time and again during recent years,—almost, it may be said, *ad nauseam*,—but still matters, in many respects, remain as heretofore. The reason is not far to seek. Underneath all other reforms needed in medical work, there is one which is fundamental and all-important,—the need of a united and combined profession. It must never be forgotten that, in all questions affecting medical interests, there are bound to be strong opposing influences, and it is to this fact that the lack of success so far must be ascribed. "Unity is strength," and until medical men will thoroughly and conscientiously take this lesson to heart, and make it a fundamental principle in all their actions, progress and reform will be slow and indefinite.

Probably there is no body of men so jealous by nature, so apt to seek a hidden motive in all a *confrère's* doings, as medical men. It is the same cry everywhere,—the men "won't pull together." A further fact noticeable in the daily life of our profession, is the petty trivialities which cause constant friction between its members. A. is indignant because B. puts the title physician on his door-plate; C., again, thinks D.'s plate is much too large, or objects to his red lamp.

Further, the relations existing between the public and the profession is at a critical stage; the old idea of friend and counsellor is dying out, and the laity seem rather in favour of substituting that of tradesman and customer.

If only medical men would forget their small differences, and would be a little more tolerant towards each other, they might present a solid front, and settle quickly, once and for all, the questions of contract and Poor-law work and the like. It is this want of unity that mars all attempt to redress existing grievances. It must not be forgotten, however, that

there are a certain number of medical men who, from motives of self-interest, will never come into line with their fellow-practitioners. There is a further class of men whose great fault lies in their apathetic outlook ; they quite agree with the need for reform, but they fail to see any means by which such changes can be brought about,—or rather they will not seek such means. Things have always been as they are, in their time, and, much as they admit the presence of grievous faults, they are too careless of their own and their brother-practitioners' welfare to trouble themselves much about it. Lastly, some men seem to consider that any attempt at union is derogatory to the dignity of the profession. Probably these men really belong to the apathetic class, only they cloak their apathy with a high-sounding excuse. It is so easy for the man with a first-class practice to talk of professional dignity ; but a year or two's experience of contract or Poor-law work would soon produce a change in his views. "United we stand, divided we fall," might well be taken for the watchword of the profession to-day. If the old, high ideals are to be retained, and medical men are to be saved from sinking into a superior tradesman's class, with "goods for sale at market prices" as the dominant key-note, a united profession is a necessity. At present the condition and relationship to each other of the medical men in many manufacturing towns, can be well expressed, without any exaggeration, in the old saying : "Every man for himself and the dēvil take the hindmost."

The influence of a large body of educated men, brought into such personal contact with all classes of people as medical men are, must be very great. How much greater would it be if there was unity of mind and purpose ! Even politically, thirty thousand votes is certainly not to be despised, and the influence which such a large number of electors could bring to bear on their fellow-citizens, might almost determine the fate of a party. The needs of the medical profession are habitually neglected by politicians, but a change would soon ensue were it known that these votes depended on a juster consideration. As a purely political force a united profession would have great influence. Recently, a movement has arisen to obtain the return of a member to Parliament, who shall be a direct representative of the profession, and responsible to it, in that he would be financed by that body. The idea is excellent ; and if an ordinary constituency cannot be found, the predominance of medical graduates ought to secure a university seat. There is one essential, however, for the success of such a scheme : the gentleman elected should

have a ripe and wide experience of general practice, rather than be a specialist or consultant.

For many years attempts have been made to bring to pass this unity in the profession ; so far, it must be admitted, with only partial success. There is no body or society which can be said to represent the medical men of the British Isles. The greatest of all, in point of numbers, the British Medical Association, cannot yet boast that it has on its rolls the name of every practising doctor in the land. If it could, then its council might fairly claim to represent the whole profession. Such an ambition is a right one, and it lies in every medical man's power to help a little towards its fruition. Here, again, apathy seems to be the main stumbling-block. Ask a non-member his reasons for not joining, and the replies are ambiguous and futile ; few, if any, have real and definite objections. The future of the Association is decidedly hopeful. To represent, if not all, at least the vast majority of medical men is a position of responsibility and power, and its council, elected from the branches, ought to possess great influence with the powers that be.

Some harm has been done in smaller societies, and even in branches of the Association, in choosing the wrong men to act as officials. Great care should be taken that a chairman or secretary of such a body should be acceptable to as many of the neighbouring practitioners as possible,—to non-members as well as members. To elect the chronic grumbler, the unpopular or the unsuccessful man is a great mistake. Some medical men have the idea that it is only the unsuccessful ones who are urgent seekers after reforms. The constitution of one or two provincial societies is stated to bear out such a contention. To find a man both popular and successful,—popular, that is to say, with his fellow-practitioners,—is occasionally a matter of some difficulty. Success in Medicine depends on so many divers traits in a man's character, that very often the successful one is far from popular with his brethren. Everyone knows successful men who are fools, and clever men who are failures ; it does not necessarily follow, however, that every successful man is a duffer and every failure a genius. There is great scope for the older practitioners in a district to act as leaders in the movement for professional unity. A united profession implies more than many think. The consultant must stand by the general practitioner, and the men in one district by those in another. Sacrifices, especially pecuniary ones, may have to be made, —in fact must be made,—if true unity is to be obtained.

Is this unity such a far-off cry, or as hopeless as many

would have us believe? It all depends on medical men themselves; no outside help, no enactments of a reformed Medical Council can bring it about. Naturally, human nature will never allow perfect unity of thought and action amongst such a great number of men; but there is no real reason why on the larger questions,—questions of vital importance,—the dissentient voices should not be so few as to be negligible.

What is to be done with the recalcitrant men, and with those who refuse to act with the majority? The ethics of "boycotting" are of an extremely controversial nature. The welfare of the public must never be forgotten; no action can be considered right or just which for a moment jeopardizes that welfare. "Boycotting" in medical work is dangerous; but still there are occasions on which it may be the proper course. If a medical man insists on acting in an unprofessional manner towards his brethren, social ostracism and even the refusal of consultations,—except in cases of great emergency,—is often the only way of dealing with him, and of showing the public that he is "beyond the pale." As for "boycotting" being adverse to professional dignity little need be said, but that such a statement is fallacious; the most dignified way of dealing with such a man is to ignore his existence, and to professionally outlaw him.

Are medical men, as a class, honest to each other and to their patients? The doubt suggested by such a question savours of rank heresy, but still it is better to face than to deny the existence of such a possibility. For years untold it has been customary to ascribe to medical men, above all others, the possession of scrupulous honour. There is a slight distinction to be made between the two terms, however. Paradoxical as it may seem, it is possible for a man to be honourable to the extreme, and yet not to be entirely honest. No one can deny, with any sincerity, that there is a large amount of chicanery in medical practice. There is no help for it: a medical man cannot be absolutely honest, *i.e.* truthful, with his patients. He must be dogmatic when his mind is most filled with doubt, else he will soon lose the confidence of his patient. Often he must hide the truth, and half-truths cannot be considered compatible with scrupulous honesty. True, it is all for the good of his patient; "the end justifies the means," but still the fact remains that a medical man cannot always be absolutely honest in his dealings with the laity. There is no reason, however, why he should ever show other than the most scrupulous honour in his relations with his fellow-practitioners. The "damning with faint praise,"

or the superior smile when another man's diagnosis or treatment is mentioned, is neither charitable nor just. "Do unto others as ye would have them do unto you," is an excellent motto for medical men: one, alas, not seldom forgotten. And yet all this is so extremely short-sighted: like the Australian boomerang which returns to the thrower, such actions will eventually harm the doer. There is need, in fact, of greater charitableness and less jealousy within the profession: every man should consider it a bounden duty to protect the reputations of his fellow-practitioners, or expect his own to suffer. If a better standing of the profession with the public is to be realised, let the medical men forget their petty differences, and cease to quarrel over door-plates and red-lamps. Then,—and not till then,—will it be possible to demand redresses as "with one voice and of one accord." As long as one man is ready to belittle another, and to see selfish objects in all his actions, it is little wonder if progress is so slow. Above all others, our greatest need to-day is union,—not necessarily trades-unionism, but unified principles of action.

"Quackery" outside, and even within the profession was never before so rampant. Despite the strides of education, —perhaps because of it,—faith and belief in all that is mysterious and not understood seems to present an irresistible charm to large numbers of people. Nor can it be said that quackery is in any way confined to any social class of people: on the contrary, in various forms it permeates all grades. Patent medicines, Christian Science, electric belts, and such like nonsense find their advocates in all walks of life. The more mysterious and seemingly impossible the claims put forward by the charlatans are, the more even educated people are attracted and charmed. That any human being, even with only a Board School education let alone a university one, could be found at the commencement of the twentieth century wearing an anti-rheumatic ring seems almost incredible. "Knowledge comes but wisdom lingers," and the more education some people have received the less understanding they seem to have. To glance through the advertising columns of the leading newspapers of to-day, is to find one's self confronted with lengthy statements of impossible cures worked by So-and-so's pills, or Such-a-one's plasters; strange enough the worst offenders are the so-called religious journals. The old-fashioned newspaper morality, dignified and truthful, is disappearing. Sensational accounts of surgical operations and exaggerated statements of new cures vie with the latest murder and divorce cases for the most prominent positions

in its columns. Every daily paper has the largest circulation in the country,—or so it states,—and a monopoly of all the best writers. Sensationalism and superficiality seem the order of the day. It is little wonder, therefore, if the proprietors care not one jot how much the advertisements, inserted by them, may mislead and harm the ignorant reader, provided that the annual dividends show a steady increase. Quackery entirely depends on advertisement for its chances of existence ; therefore, these are the best paying of all forms of advertisement to the newspaper proprietors. Let it be hoped that this is only a transient and evanescent stage ; a half-way house on the road from ignorance to real knowledge. The number of people who have passed through an educational course is larger to-day than ever before ; the number who have assimilated any knowledge, other than the most superficial, is really quite small. It has been stated that the most attractive forms of quackery are those which are most mysterious. This is the general rule, but, of recent years, a more ingenious method of advertising has arisen. The reader is, so to speak, taken into the confidence of the pill or plaster maker, and it is explained, clearly and succinctly (?), how it is that the preparation will cure all ills. He is flattered and pleased with this appeal to his intelligence ; it all looks so simple and straightforward, and he can but think what a peculiarly ignorant set of men doctors must be. It is to be noted that where formerly the quack could hardly find terms contemptuous enough for the medical profession, nowadays he is inclined to back up his statements by appeals to more or less prominent authorities.

Is quackery entirely confined to people outside the profession ? Unfortunately, it must be admitted that some of the worst offenders are on the Medical Register. Was it not Frederic Harrison who said that success in Medicine depended, not on knowledge, but on the " turn of the wrist " ? The man, no matter what his qualifications be, who diagnoisis the presence of grave disorders in order that he may gain more credit by a successful result, is as worthy of contempt as the most persistent advertiser of pills. The success of quackery depends on ignorance. It is little short of marvellous how slight is the knowledge, and how chaotic are the ideas of the most educated people as to the structure of their own bodies. Until recent years the study of the most elementary facts of physiology and hygiene was considered nasty,—in fact immodest. The times are changing ; physiology is taught even in the Board Schools, if a few distorted facts enunciated by incompetent teachers can be

called physiology. The result is almost amusing. The acknowledged ignorance is replaced by an assumption of complete understanding. "A little knowledge is a dangerous thing," and a smattering of physiology has proved a pitfall and a snare to many people.

Many of the public are never so happy as when averring their want of belief in doctors. The truth is that the laity absolutely fail to understand both medical men and their methods, particularly the latter. The examination of a patient is, apparently, more a ritual rite to many of them than an aid to diagnosis. Any delay in arriving at the latter, is at once put down to the medical attendant's lack of knowledge. The egoism of human nature is never better shown than in the remark one so often hears: "Oh, Dr. So-and-so does not understand *my* case."

The death-blow to quackery can only be dealt by educating the public to appreciate medical methods, and to understand that Medicine, at its best, only consists in helping nature. As to that class of persons, at all events clamorous if not numerous, who apparently believe that the profession consists of thirty thousand fools, the best course is, undoubtedly, to ignore them. One should include those people who, comfortably retired on a pension or annuity, occupy their spare time by writing to the papers, particularly *The Times*, and by abusing and deriding the long-suffering medicos. Their effusions may be ignored as,—to borrow a phrase from Disraeli,—the "babbling of irresponsible frivolity."

The more one considers the present position of the medical profession in these Isles, the more it is borne in on one that the golden key which will unlock the gate of progress is to be found in union; and until this consummation is obtained the work and trouble of the few will be but in vain. As a profession we must "wake up," sink our petty differences and jealousies, and present a united front. The "thin red line" is heroic indeed, but it is the old British square, solid and immovable, which has won for us so many of our battles. So it is only by a solid and united profession that reforms and changes can be brought about; not with selfish and self-seeking aims, but with the object of making us more useful to each other, and to the public at large. Whatever benefits the profession, will doubly benefit the laity, dependent at one time or another upon the former's skilled services.

The watchword must be "Unity;" for a motto the profession might well take the words of Marcus Aurelius: "Let nothing be done rashly and at random, but all things according to the most exact and perfect rules of art."